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The Registration Movement; Its Past and Its Future

CHARLOTTE A. AIKENS.

THE movement for legislation relating to nursing* was inevitable. Sooner or later it is bound to come in every civilized country. It finds its chief, if not its only, justification in the necessity for regulation and order in the field of nursing. Registration is not an end in itself. It is simply a means to an end. As an attempt to elevate the social status of nursing, to stamp nursing as a profession, or to protect professional nurses, it is not justifiable. As an attempt to protect the general public and set in order the entire field of nursing, it is justifiable.

In creating the necessity for this regulation, a number of different forces have been at work. Among them have been:

1.—Some hospitals were not doing their duty to their pupil nurses. Large hospitals in many cases, finding that a certain pupil nurse fitted into a certain place well, kept her there month after month, sometimes for more than a half year, making no effort to give her the experience which the institution easily afforded. In many institutions, large and small, the training and experience was

one-sided or lacked some very essential parts. In an increasing number of instances a training school, so-called, was used by private individuals as a means for increasing private gain—the bed capacity sometimes not reaching six patients, all with one special class of disease.

2.—Graduate nurses, in establishing a fixed rate of remuneration below which they did not wish to nurse, and in many cases being forbidden by their registries to do so, forced the production of a less expensive grade of nurse that would come within the financial possibilities of the patient of limited means.

3.—Physicians were no longer, or ceased to be, content to depend on totally unskilled home care, if they could get a nurse with even a moderate degree of training. They demanded more and better attention, not only for patients in hospitals, but for their patients in homes of all grades, than the doctor of fifty or even twenty-five years ago.

4.—In the changing social conditions of the times we live in the spirit of neigh-

borly helpfulness in sickness is disappearing—has practically disappeared in large cities—and hired nursing has become a modern necessity in homes of all classes.

With all these factors entering in, and viewing the nursing situation from different standpoints, and often from purely selfish standpoints, it was inevitable that abuses more or less obnoxious should arise. The increasing demand stimulated the methods to supply the demand, and the production of so-called "trained nurses" became an article of commerce. With no standard, and no laws on the subject, there was nothing to hinder any doctor who desired from setting up in the exclusive business of making "trained nurses." "Colleges of Nursing" sprung up in a night. Commercial schools of nursing popped up here and there all over the country. These schools guaranteed to turn out "trained nurses" in from a month or six weeks upward, at from fifty to one hundred dollars a head, some for even less than that. One school whose advertisement we saw announced that it expected to turn out a thousand trained nurses every year. It is questionable if in any country in the world such conditions prevail as exist in America; but the commercial spirit of modern times is keen and strong, and unquestionably the commercializing of the training of nurses will spread; and in every country strong hands will be needed to regulate conditions.

It has taken over forty years for the hospitals to lay substantial foundations for professional training—to come to some understanding and agreement as to what such training should consist of, and to bring even an approach to order or

regulation, under conditions which are under the control of hospitals and in their own exclusive province. It may take twice forty years to bring order into the great outside field of nursing, but there will never be any peace in the American nursing world till it is done.

It is useless at this stage to attempt to analyze the motives or methods of those who usurped the early registration movement. They discerned conditions in part, at least, but have very evidently been mistaken as to the best remedy. It is unfortunate beyond description that a movement which has in it such tremendous possibilities for good to the whole commonwealth should ever have been used as a means to exploit a private enterprise, to be worked for the advantage of a comparatively small body of people, or that the suspicion of "a trust" should ever have arisen. In the light of the experience of the past six years, and ever-accumulating evidence, any one who attempts to say that there have not been grounds for such suspicions will be laughed at.

The work that needs to be done is as great—greater than the work which Florence Nightingale undertook, and vastly more complex and difficult. For to set an institution in order is play compared to setting a state in order. If Florence Nightingale had simply rushed to the British Parliament with a bill demanding that the institutions do as she wished, and put legal control into the hands of her and her associates, her name would long since have been forgotten. If a suspicion had ever arisen that she was working in any way for her own private advantage, or to get personal control and prestige, kings and countries would not now be vying with each other to honor

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her. We want more of her spirit with us to-day, to help complete the work she began so nobly in the past.

But whatever the motives and methods of the registration movement in the past have been, the principle of registration as a means toward regulation is right. That registration has thus far failed to remedy the existing abuses in no wise affects the principle. It does call for a study of the whole situation and a change in method. A great variety of laws have been produced, but not one that gets at the bottom of the trouble. The system itself is thoroughly defective. Everywhere it has been tried it has been found wanting. Instead of registration laws putting a check on the production of commercially trained nurses, or the lower grade product, the output of these grades increases every year, and this increase will probably go on. There is a general feeling that there is a great need for a very much larger body of the cheaper grade of nurses, but as a matter of fact, no one knows positively that this is so. And the truth is that as long as we labor in the dark, we are bound to injure somebody.

At the present moment the one most likely to be injured is the hospital graduate. She clings to the mistaken belief that a law such as these we have will help her, and agitates for more laws of the same kind every year, in spite of the fact that years of experience have clearly shown the fallacy of such belief. She fails to fathom the depths of the difficulty or to grasp the vastness of the problem, and consequently fails in her efforts to remedy it. Law can do some things, and help to do others, but it takes a tremendous amount of steady work, even with a good law, to improve some

conditions. Just as long as the prohibition movement remained in the hands of fanatics and enthusiasts, it failed to make progress. When it was clearly discerned to be for the good of all people, and all classes of people joined hands to labor together for it, it went forward by leaps and bounds. We need facts—cold, hard statistics relating to every state, before we are in a position to know exactly what the needs are in the line of nurses. If we could get in every State yearly figures, or even five yearly, as to the number of schools which are training nurses or trying to, the grade of material turned out from each school, the number of fully trained hospital graduates practising in each State, and the number of partially trained or totally untrained women who are earning a living by nursing in each county, we would have some solid facts as a foundation for future efforts. As it is we cannot even find out the number of hospital graduates in a State compared with the number who apply for registration. Those who could furnish this information have failed to do it, and there is a strong suspicion that even these facts have been deliberately suppressed. Now it is plainly evident that so long as these conditions exist no regulation of nursing is possible. And as long as they continue to exist the hospital graduate will continue to be crowded to the wall by a horde of half-trained, or totally untrained, practitioners moving under a great variety of modifications of the term "nurse." Whether or not the public is going to be ultimately benefited by this condition is a matter for serious consideration on the part of all who desire to see all the people as well nursed in sickness as possible.

In studying into the conditions sur-

rounding the registration movement definite questions have been put to interested individuals. In response to the question, "What do you consider have been the chief gains, chief losses and chief mistakes of the registration movement?" Dr. Hugh Cabot, of Boston, writes:

"I hesitate somewhat in answering your question because I am by no means clear that I am sufficiently familiar with the details of the registration movement to have a sound opinion. However, you are quite welcome to my views such as they are, and they may be helpful if not taken too seriously.

"The only substantial gain that the movement has made seems to me to have been to draw the attention to the good of organization of some sort, in contradistinction to the entire lack of organization which has existed. That any substantial improvement has actually been made I do not believe, but the agitation has brought the matter to the surface and has I think prepared the way for something worth while.

"The most serious harm done has been to excite antagonism between the nursing and the medical professions. That this has actually occurred seems to me beyond doubt, and I have the feeling that it has been intentional on the part of certain leaders in the American Association of Nurses. That such antagonism is unfortunate seems to me beyond argument. I am sure that if nursing is to be regarded as a profession, it is part and parcel of the medical profession, and that antagonism between the two is substantially similar to discord in the ranks of the medical profession itself. The most serious blunder in the whole movement has been the attempt to eliminate the medical profession from participation in registration. It would seem evident to the duller mind that such elimination is impossible and will simply result in failure of the movement. On the other hand, it has been attempted almost everywhere, and in most States has been achieved, and until this unwise arrangement is undone no substantial progress is to be expected. I think I have noticed during the last year a distinct tendency in the bills and laws to recognize the error, and I have hoped that it meant a return

to common sense. I am convinced that registration of nurses controlled entirely by nurses is an economic absurdity, and as long as nurses continue to occupy the position of a subordinate to the doctor they both must be represented on the board of registration. If one held the view that nursing was an independent profession, and was on the high road to becoming a separate and independent art, one might, I suppose, believe in boards constituted entirely of nurses, but I do not suppose that these views are likely to be seriously advanced.

"As I see the present registration movement, it seems to me not essentially different from the trades union movements throughout the world, and I rather expect to see a strike initiated before long as evidence of increasing power. The most striking similarity to-day is the tendency to uphold the uniform fee system, under which nurses—good, bad or indifferent, trained or untrained—are entitled to the same fee. I am firm in the belief that the only substantial characteristic of a profession is its lack of tendency to level individuals, and I therefore believe that the registration movement, with its levelling tendency, is making nursing a business and not a profession."

A private nurse, who does not wish to have her name quoted, writes:

"It is very hard to estimate the gains and losses. I think the chief gain has come in the classifying of training schools and in creating some sort of standard for such schools. Some nurses claim that it is easier to secure positions in institutions when one is a registered nurse. Yet I have heard a good deal of complaint because hospitals do not pay much attention nor give preference to the registered nurses. Some gains have perhaps come to nurses in some localities which have not yet touched other places, such as the raising of the weekly remuneration.

"In some places a good deal of hostility against trained nurses seems to have arisen because of this, and untrained, non-graduate nurses have increased. These compete for the work in private homes, and the gain or loss is not easy to decide."

A woman superintendent of a hospital writes:

"In regard to the registration question, I think the chief gain has been the forcing

of some training schools into better work. I cannot see that it has particularly raised the standard for the graduate nurse, but it has for the undergraduate, and is, therefore, a step in the right direction.

"Registration will never accomplish all that has been imagined, any more than the registration of physicians has. Quacks and incompetents still exist among medical men and always will, despite anything which can be done. But State registration, both for doctors and nurses, is a help to discriminating between good and bad.

"One of the worst faults of the present registration laws is the fact that some of them have laid down impossible standards. The result is that hospitals and candidates are led to "stretch the truth," to their own detriment and that of the public.

"Another equally bad feature is that some States, in order to get registration at all, have set the standard too low.

"It is to be hoped that some day we may have a good, sensible, uniform standard, set by a national committee of competent people, to which standard all the States laws shall conform. Possibly this is too much to expect.

"I suppose every movement toward betterment must go through a period of chaos. State registration is certainly in that state now, and probably will be for some time. It is a notable fact that the older registration States have, on the whole, better laws than those who have recently adopted them.

"State registration is not, and never will be, a panacea. To produce good nurses, we must have good training schools and good material. If State registration can make the training schools good and regulate the character of the ones who are trained, it will fulfil all that we have desired of it, not otherwise."

These three opinions are typical of the opinions which prevail on the subject. One writer looks at the question from the standpoint of the doctor, one from that of the private nurse, and one from the hospital superintendent's standpoint. If the regulation of the nursing field is ever to be brought about, these three factors must bring it to pass—no

one of them alone will ever do it. Certainly nurses alone even with the help of the Legislatures will never do it. The quicker that fact is accepted and acted on the quicker the situation will improve. If the solution of the problem is under the control of any one set of people, certainly that set of people is the medical profession. As one doctor stated, in discussing the subject, "*The physician has the practical remedy for improper legislation (or methods) in his hands. It is only natural that he should use it if occasion arises, and refuse to recognize or employ a nurse created in opposition to his judgment of what is right and proper to his patients and to himself.*" The great truth which thousands of nurses have yet to learn is here put in a nutshell. This truth relates not only to registered nurses, but to all grades of nurses. If the physicians refused to employ the so-called graduate nurse who was trained entirely by mail, the correspondence schools would die. If they refused to employ or sanction the short course school graduate, such schools would not multiply, and equally true is it that if the physician refuses to recognize or sanction the R. N. nurse, or discriminate in her favor, the R. N.s will continue to tread an uphill road. Just as soon as the physicians demand order and regulation in the nursing field it will begin to come, and never till then. Many of the difficulties are such that only the medical profession can deal with them to smooth or remove them. Law alone will never do it, but it can be used to help. The world needs the gospel as well as the law, and the nursing world needs the doctrine of good will to all men—not benefits for a few, preached to it for

a few years, instead of how to get laws; though good laws are good things.

Probably the greatest gain has been the calling attention to the need for broadening the training in many schools, and to the abuses that have existed in the line of training. It is not desirable that every training school should be entirely at liberty to teach its nurses much or little, just as its fancy or facilities make easily possible or to its advantage; and many hospitals, large, medium and small, needed some jogging up as to their duties and responsibilities to their pupil nurses.

The struggle for control has been one of the lamentable features of the movement, and the primary purpose—the regulation of the whole nursing field—has been lost sight of in the unseemly struggle. Instead of grasping the tremendous difficulties and the vastness of the work to be done, and asking, "Who can best accomplish this great task?" the question of who shall control has been made a paramount issue.

Another great mistake has been the over-emphasizing of the higher educational aspects of nurse registration, and the overlooking of its humanitarian side. So prominent has the higher education feature been made that most nurses seem to see only that side. "With the law in our hands, we can begin to improve the training schools and make hospitals do as we wish, and teach what we think they ought," has been virtually stated and restated thousands of times, and to many nurses it has been the beginning and end of the registration movement. This idea has spread like a modern fad, and any one who did not adopt it was sadly out of fashion, if not

actually regarded with suspicion and branded as a person with very low ideals. Professional nursing is a rather new occupation, or field of labor. The care of the sick is as broad as humanity, and as old as the family in the Garden of Eden. It concerns rich and poor, learned and illiterate, and the interests of all classes are interdependent. Average good, decent care in sickness is as much the birth-right of the foreign woman in the slums, and the middle class woman on the little side street, as of the family on the boulevard, and we can never neglect one class without the whole social structure feeling the result of that neglect. Conditions are such that we can't give her the best grade of care, but we can try to make her safe and comfortable. We cannot successfully regulate one little corner of the field and keep it in order. We cannot establish "corners" in this business. We must study the whole field, and work at it till we get order and system, and at least an approach to justice for all classes. It is a vain talk about "safeguarding the care of the sick" by the nurse registration laws we have, when our social conditions are such that it is impossible for one-tenth of the sick to avail themselves of the measure of protection such laws afford. Just so long as registration of nurses is exploited as a higher education movement, pure and simple—intended to reach only a small fraction of those who nurse the sick and to benefit only the sick that can pay a good price for protection—just so long will public approval be withheld. Just as soon as the registration movement is taken hold of as a humanitarian movement, designed to safeguard the sick of all classes, and bring under supervision all who care for the sick for hire, im-

prove their work as far as possible, and increase the safety and comfort of all grades of society, it will win the approval and support of the American people, and not till then.

And this is the vast work that needs to be done. There are conditions existing in many modern cities which should cause us to hide our heads in shame that we have not demanded better things for American citizens. In view of conditions which exist in many modern American cities, much that has been said about "safeguarding the care of the sick" by such nurse registration laws as we have seems like mockery. For instance, a recent published statement in a Detroit paper called attention to the fact that one Polish midwife in that city had, last year, four hundred and sixty-seven (467) births to her credit—more than any doctor in the State of Michigan; yet the Health Officer informs us that "there is no specific law governing the practise of midwifery in Detroit." When the investigation into conditions was made in New York a few years ago, it was stated that in 1905, of the total number of births in New York City, forty-two (42) per cent. were attended by midwives. Similar conditions exist practically all over the country in large cities, except here and there where, within the last few years, some action has been taken to bring the midwives under supervision. Thousands on thousands of mothers and babies have their lives risked every year in the hands of filthy, dangerous, ignorant midwives and nurses, so-called. Professional nurses and hospital people may say, "We have nothing to do with midwives, their proficiency or their practise." The Levite on the Jericho road took the same attitude toward the

wounded man whom he found there, he was in such haste to get to the temple to attend to his devotions. The Samaritan, without special skill or training, did what he could for the poor wretch, and thus immortalized himself. Even the veterinarians who attend to the ills of the lower animals must know something about asepsis and infection, and have some preparation for the work they undertake, but to our shame, be it said, we have not required that all those who attend the women of America in the crucial hour of childbirth shall have similar training, and that women shall be protected from the dangers which we know surround them, so far as we can protect them.

Whether or not nurses and hospital people want to have anything to do with midwives and lower grade nurses, it is absolutely certain that we have to do with the results of their practise. Hemorrhage and septicemia, ophthalmia neonatorum and blindness follow in the train of ignorant midwives and nurses, and when the worst is threatened, and the case is rushed to a hospital, somebody is obliged to have something to do with it. It is practically certain that, of the 467 mothers attended by this Polish midwife in Detroit last year, and the 400 attended the year before, and the 500 who will be attended next year, and the thousands of others attended by Italian and other Polish and foreign midwives of all nationalities, a considerable proportion will find their way to local hospitals after months or years of preventable and needless suffering, to be treated for preventable gynecological diseases. They crowd our wards; they help to keep the operating rooms busy; they help to create the demand for

larger buildings; they call for an ever-increasing number of hospital probationers and nurses and supervisors; they add to our deficits, and in a hundred ways complicate hospital and nursing problems. The hospitals in large cities are doing the best they can under the tremendous difficulties which constant immigration forces on them, but they are not going to the bottom of the problem and stopping or helping to stop a great deal of needless illness of this class. We have done a great deal in the line of preventive work, but we have only begun to touch the edge of this great problem. For long the conviction has been forcing itself upon some people that in the extension of hospital out-patient work lies the best solution of the midwifery problem in the homes of the poor in cities. De Lee in Chicago has shown what organization and proper supervision can do toward bettering the childbed conditions of the mothers of the slums, and his branch dispensary in one of the most congested districts of that great city stands as a beacon light, an educative influence which touches thousands of homes each year, besides adding to the educational equipment of the corps of nurses and doctors who go out day by day from that dispensary. If we are going to seriously talk about elevating nursing, let us begin at the commonest of all kinds of nursing and demand that every individual who assumes responsibility in the lying-in chamber shall know something about the proper management of such work.

In contradistinction to the conditions to which lying-in women of the middle and lower classes are exposed, we have laws which assure to every man who steps into a barber shop to have his hair cut that the man who wields the scissors

and razor is competent for the work he sets out to do. The barber must know something about asepsis, and how germ diseases are spread and prevented, as well as how to give the proper curve and cut to the hair and mustache, but for the poor woman who goes down to the very gates of death to give another child to the State we provide no such protection. Yet we talk glibly about "safeguarding the care of the sick" with our little nurse registration laws, which make not the slightest attempt to sort out from the great mass of those earning their living through the ills of humanity the bad, the ignorant and incompetent, and put them out of business. With the Y. W. C. A.'s and other philanthropic organizations, offering some degree of training for home nursing, and the general facilities which exist for securing training of all grades, it would be no hardship to any one fitted for caring for the sick if the law in every State demanded not only that professional nurses should be sufficiently trained, but that every woman who assumes responsibilities in the sickroom be required to show that she knew something about the business before she donned the regimentals and started out to practise. That is the very least measure of protection we are justified in asking for. In a registration circular which came to hand last season it was stated as one of the strong points of the bill that "there is not a restrictive clause in it." Every grade of spuriously trained or totally untrained nurses were to go on just as they had been, with absolutely no notice of them, no attempt to classify them, no inquiry as to the kind of work they were fitted to do or tried to do. It was to be nobody's business to inquire as to their character or prac-

tices in any way. Yet the promoters call this bill an attempt to "elevate nursing," and complain that physicians and people do not support such measures.

We have tacitly accepted the idea that since there is a great demand for cheap nurses to meet the financial conditions which prevail in middle class homes, therefore nobody should try to regulate or classify or improve these lower grade nurses and attendants. We confess ourselves to having been at one time one of the very large company who, having never thought the matter through, had been deluded with this popular idea. Yet we would have been absolutely inconsistent in clinging to it. We do not argue that since there is a great demand for butter, and butter costs 36 cents a pound, therefore we will make a lot of oleomargarine and call it butter, and nobody will know the difference, and every dealer can just get as much for his oleo as he can persuade people to pay for it. The public recognizes the demand for the cheaper article, but it also demands that it shall fulfil certain tests, that somewhere the grade of article is certified to, and that it shall be properly labelled so that nobody need be deceived about it. Nobody is prohibited from making oleo, or offering it for sale, but he must not advertise or sell it as high-grade butter. It is somebody's special business in every county to see that he does not do this. The public recognizes that there is or seems to be a demand for patent medicines, but at least an attempt has been made to arrange so that any one who desires can find out the important facts about the article on the market. Only the other day we saw a notice of a bill pending in a certain State which provided that any man who attempted to take care of a

steam-heating apparatus in a private house larger than a certain size must take out papers certifying that he knew something about such work. All these movements tend to show that the public is beginning to recognize certain needs and dangers, and is trying to make regulations for its own protection. Have we not a right to expect that the public will be reasonable and tolerant if the matter of nursing regulation is presented to it, by the right people in the right way, free from any suspicion of trades unionism, or of trying to control?

Since all the factors mentioned have helped to create the problems, it is only right that they help to remedy conditions. The ideal board of control will represent all the human factors concerned. It will consider every grade of article called nursing that is on the market and will see that the individual who offers nursing of a certain grade is put in a class provided for her, and kept there till she qualifies for something higher. It will consider every form of illness and every class of patient. It will not shut its eyes to the army of foreign midwives who help to create burdens for hospitals, nor will it neglect to inquire as to the degree of practical skill or the amount of nursing knowledge the nurse who received her entire training by mail has imbibed, who is advertised constantly as drawing \$25 a week for her services. It will insist that very grade of nurse in the field goes into the class which on inquiry and proper examination into her training and capabilities she shows that she is fitted for. There is no other way to order or control or regulate. We have had enough of legislation in patches of the nursing field. Let us try for legislation which covers the whole field, if we try

for any at all. The medical profession has a set of laws relating to it; the professional nurses in over twenty States have laws relating to them; the State Board of Health has its set of laws, all covering a certain patch of the field relating to the care of the sick. Yet with all these sets of laws in operation, the worst kind of neglect and the rankest kinds of abuses flourish unchecked in the unlegislated patches. The time has come for the field relating to the care of the sick to be studied as a whole from top to bottom and from side to side and end to end, and every part of it brought under some kind of systematic supervision that will ensure at least a degree of efficiency on the part of every one assuming responsibilities in the sickroom and increase the safety of all those who employ nurses.

In administering the pure food laws it has been found that the closest kind of local supervision is necessary. There is just as much room for trickery and deceit in the making of nurses and the selling of their services as in the making and selling of butter, and vastly more danger both to the persons and pocketbooks of the citizens of the State. We have just as much right to demand that all nurses be classified as that all school teachers be classified. The fence around the lowest grade need not be very high, but it certainly ought to be high enough to keep the grossly unfit and incompetent from assuming responsibilities in the sickroom. The question as to the persons who shall help to build this fence is of minor importance so long as it is built and kept in repair and does the work of protection that needs to be done. The question as to who shall control ought to be lost in the larger issue of how to get the work

done. The first and the great nursing question of the future will be: "Is more than one grade of nurse a necessity in modern American life? If so, how many grades and how may those grades be established and maintained?" It is a question which might well be given space and prominence in the medical press and attention in medical societies, for it is absolutely certain that the major part of the work of establishing such grades must devolve on the physicians. Once the grades are established, nurses can do most of the work of supervision in the counties. They can manage the lists and inquire into the past history and qualifications of every applicant and maintain the necessary supervision under the direction and with the endorsement of the medical profession in each county. They can labor to increase the efficiency of the lowest as well as the highest grade of nurses, and thus help to lift up nursing from the bottom. No safeguards which the human mind can devise will ever "safeguard the care of the sick" unless those safeguards reach down to the very bottom and rest on a solid foundation.

It is surely a short-sighted policy which will keep hospitals pleading, pleading for public support and greater buildings for people many of whom could be safely and comfortably cared for at home if we put ordinary efficient nursing within their reach. The greater part of the ailments of humanity are very ordinary ailments, demanding some skill, some knowledge of the "gentle art of making the sick comfortable," but not the highest skill. Surgical diseases tend to find their way more and more into hospitals, and this is as it should be in most cases—in all critical or serious cases. But one of the great questions of the future, and

indeed of the present, is how to provide good, decent, common care for those who can properly and safely be cared for in their own homes. To object to grades of nurses because of a fixed idea that "the middle class patient is as much entitled to the best of care as the rich," or the very poor, who have nurses supplied by public benevolence, is an illogical and senseless objection. We can carry such an argument to everything and land nowhere in particular. Custom has decreed that we are entitled to what we can pay for or else we can become objects of charity. The middle American is just as much entitled to giltedge creamery butter as the rich, but he often has to be satisfied with oleomargarine, and with the price of oleomargarine soaring, it looks as if some substitute for it would soon be necessary. He is as much entitled to porterhouse steak and turkey, but he has to get along with liver and bacon and Bologna sausage a good deal of the time. It is, or ought to be, somebody's business to see that the things he can afford are made as free from danger and as useful as possible.

The American Hospital Association has taken a step toward the grading of nurses. It has virtually recommended two grades and fixed the minimum duration of training for each. It has admitted, after prolonged study of the situation that a nurse who had one year of training in a special hospital or in the chronic wards of large general hospitals and such places may fill a very useful place, but not the highest or most difficult place. It is still working on the problem, and it is to be hoped it will continue to work at it till it shows the way out of the chaos that now prevails. It

can do a good deal to persuade physicians to get under the burden of the regulation of the field relating to the care of the sick. It can study how, by extending its out-patient facilities, it can reach a larger class of patients in their homes, and provide proper care and supervision, especially for maternity patients at home. Its work will be unfinished unless it completes its recommendations regarding grades of nurses, which should be recognized, and suggests measures for keeping the grades separate and each nurse in the class to which she properly belongs.

The regulation of nursing is not a little pet scheme which can be manipulated and kept in the hands of a few people who desire to control it. It is a vast humanitarian work that needs to be done, and that must be done in the interest of the common weal. What we need in every State are strong physicians who have enough interest in the good of the common people to shoulder the burden of regulation and work steadily at what seems at present a thankless task; who will labor and work at the problem of educating physicians to demand that every woman who assumes responsibilities in the sickroom for hire shall show that she has had some training and fitness for the task; who will insist that just as every huckster who peddles his wares must have his number and license, so every individual who cares for the sick for wages, or as a regular occupation, shall do the same and shall stay in the class to which she belongs until she qualifies for a higher grade. We need to hear less of registration and more of actual regulation of the whole nursing field which is the great work of the future.

Abdominal Surgery Without Detached Pads or Sponges*

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A SPONGE left in the peritoneal cavity following an operation constitutes one of the most deplorable accidents of abdominal surgery. This is not a new subject. Much has been written upon it and many cases have been reported and many suggestions have been made as to preventive measures. But all such measures hitherto proposed have broken down under the varied circumstances and vicissitudes of surgical work, as evidenced by the records subsequently cited.

The continued occurrence of this fatal accident and the failure of the preventive methods in general use constitute sufficient reason for my calling attention to a method which I have used with much satisfaction for the past two years. This method gives entire security and at the same time is simple and inexpensive and is effective in all conditions of abdominal work—in the emergency operation in the country with unfamiliar assistants, as well as in the routine hospital work. Before taking up the details of this method, however, I wish to call attention to certain facts in regard to the accident it is designed to prevent, so as to bring out more clearly the seriousness of the accident and the difficulties encountered in its prevention.

1. Sponges are lost in the peritoneal

cavity much more frequently than is generally supposed. A table here omitted shows 172 authenticated cases in which one or more sponges were lost in the cavity. And these reported cases represent only a small proportion of the recognized cases, for, naturally, the accident is not given publicity except where there is some special reason for doing so. In any large body of surgeons a little experience meeting, in which testimonies are freely given, will bring to light a number of unreported cases of this accident.

Furthermore, many cases are not even recognized. The patient dies with evidence of peritonitis; there is no suspicion of any foreign body having been left in the abdomen, no postmortem examination is made, and the death is supposed to be due to ordinary peritonitis. The possibilities in this direction are indicated by the fact that in the series mentioned, in thirty-nine of the cases the accident was recognized only on postmortem examination, when the sponge was found, but would have remained unknown had there been no autopsy.

2. It is a most serious accident. In the large series of cases collected more than one-fourth of the patients died, and of those who recovered many went through weeks and months of suffering.

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3. To persons outside the profession the accident seems absolutely inexcusable. They can understand how other complications may arise, such as hemorrhage or sepsis or kidney failure in spite of every precaution, but they can imagine no reasonable excuse for allowing a sponge to be lost in the patient's interior. To those not familiar with surgical work it seems past belief that the surgeon would carry into the peritoneal cavity anything the removal of which was not provided for with absolute certainty.

The growing cognizance of the public in regard to the occurrence of this accident and the feeling in regard to the responsibility for it are reflected in the increasing number of lawsuits connected therewith. Within the last few months, two such lawsuits in a single State have come to my notice. Last March the following newspaper notice concerning a suit in Des Moines, Ia., was sent to me by a St. Louis physician who was personally acquainted with the defendants. "Damages to the extent of \$1,500 were awarded to Etta Reynolds by the jury this afternoon. Miss Reynolds sued Drs. Schooler and Smith for leaving a piece of gauze sixteen inches square in her abdomen after an operation."

In casually reading the *St. Louis Republic* for May 30, I happened to notice the following news item: "Davenport, Ia., May 29. After being out forty-eight hours, the jury in the \$50,000 damage case of Mrs. Annie Arp against Dr. A. L. Hageboeck, Dr. J. T. Haller and Dr. J. H. Meyhaus, reported they were unable to agree and were discharged. The jury stood 11 to 1 in favor of awarding Mrs. Arp damages. The case was first tried a year ago, when the jury also

disagreed and stood the same, 11 to 1 for the plaintiff. The defendant doctors are charged with having left a surgeon's sponge in the body of John Arp, husband of the plaintiff, at the time they performed an operation for appendicitis. This caused abscess which resulted in death."

There is not time here to take up in detail the various ways in which mistakes have occurred; suffice it to say that a review of the cases where dependence was placed on counting shows an appalling list in which a sponge was left, because one was hastily torn in two and one-half forgotten, or an extra one was primarily included in the bundle and missed in the counting, or an extra one was secured for an emergency during the operation, or some loose piece of gauze, not intended for intraperitoneal use, slipped in while near the wound, or a mistake was made in the final count of the sponges removed. It is astonishing what a little slip, what a slight inattention, may lead to a sponge being left and the consequent death of the patient.

The method of attaching a tape to each sponge and then fastening a forceps to the tape, and at the same time to the abdominal sheet, is the method probably in most general use. It has a record of many accidents—the tape pulled off the sponge, or there was failure to attach the forceps, or the forceps failed to hold well. In one case the sponge, tape and forceps were all lost in the cavity.

The difficulty of guarding absolutely against leaving a sponge in the abdomen is such that entire security against this fatal accident is counted one of the unsolved problems of abdominal work. Practically all writers on the subject state that there is no guaranty against its

occurrence, even in routine hospital work and with all the rules of cooperation and the special apparatus designed to prevent it. Neugebauer, in a most exhaustive consideration of the subject, comes to the conclusion that the accident is, to a certain extent, unavoidable. Schachner, in an excellent paper, states, "So long as surgery continues an art, just so long will foreign bodies continue to be unintentionally left in the abdominal cavity." In an article published in August Findley states, "In former years the abdominal surgeon was seriously disturbed by well-grounded fears of secondary hemorrhage and sepsis, but surgery has mastered these problems to a large degree and they are little feared and seldom experienced. Now it is the thoughts of the sponge that disturb the night's repose when the report comes that something has gone wrong with our patient. The operator can never rid himself of the feeling of uncertainty as to the possibility of leaving a sponge." This expresses very well the feeling of those who have given attention to this subject, and particularly of those who have personally experienced the accident and have thus been brought face to face with a concrete exemplification of the inadequacy of the usual methods.

The failure of the safety methods in general use is due to their dependence upon *sustained attention* concerning the sponges, which attention on the part of the surgeon cannot be given to the sponges, for it is required elsewhere. A method, to be effective under all circumstances, must be practically *automatic*. It must also be applicable in emergency work in the country as well as in hospital work and it should be fairly convenient. The method I have used for

the past two years is such a one, insuring the removal of all gauze without particular attention on the part of anyone.

THE METHOD.

The underlying principle of this method is the elimination of all detached pads and sponges. In place of them I use long strips of gauze, each strip packed into a small bag in such a way that it may be drawn out a little at a time as needed. The method was described in detail last September and it was demonstrated before the St. Louis Medical Society in February of this year. It is from the latter description that the following quotations are made.

"Following the usual technic, I operated for years without accident; but three years ago I left a gauze pad in the abdomen. The case was one of diffuse pelvic suppuration requiring extensive drainage and, fortunately, the pad was discovered and extracted through the drainage opening about two weeks later.

"The patient recovered without serious result from the accident, but the lesson was not lost. I determined to find some method that would really prevent such an accident—a method which would be entirely under the control of the operator and first assistant (a greater division of responsibility increases the danger) and one which would occasion no delay in the closing steps of the operation.

"There had to be taken into consideration the large pads for holding the intestines out of the way and the small pads and gauze pieces for sponging. In place of several large pads for packing back the intestines, I adopted the large roll of gauze then in use by a number of operators, and found it satisfactory.

"The matter of the small pads and sponges, however, was not so easily disposed of. I felt that it was imperative to find some method that would do away entirely with dependence on the counting of the sponges at the close of the operation. As long as there was dependence on counting of the numerous small pads and sponges there would be mistakes, and consequently sponges would occasionally be left in the cavity.

"To eliminate this hazardous dependence on counting and to provide a meth-

tape or a corner of each sponge to the sterile sheet about the wound, and the like. But I found no such method that was practical under all circumstances and absolutely safe.

"It then became evident to me that if safety were to be secured, the detached pads and sponges must be eliminated entirely. In pursuance of that idea I devised the method here described. The principle of this method is that no detached piece of gauze shall enter the abdominal cavity. Each piece of gauze in-

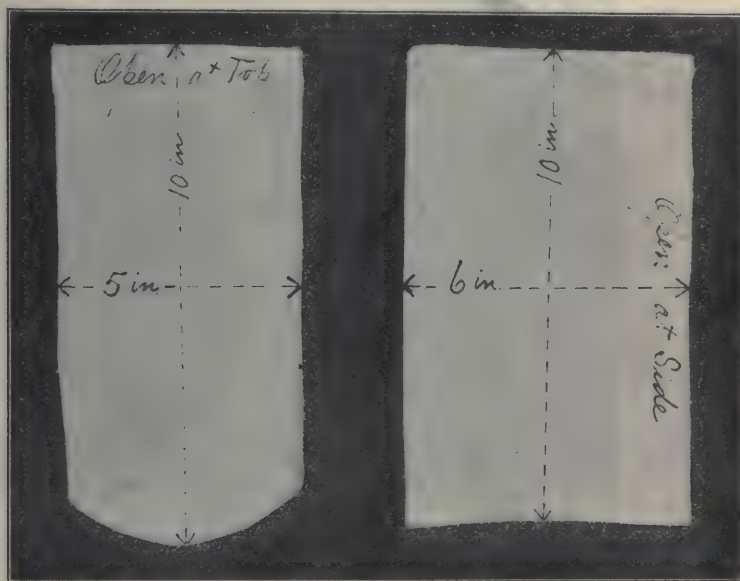


FIG. 1.—The Cloth Bags Empty. A. Bag for each Narrow Strip. It is five inches wide and ten inches deep, and is open at the top. It is made of extra heavy muslin and is sewed with French seams, so that there is no chance for any raveling to be pulled out with the gauze. B. Bag for the Wide Strip. It is six inches by ten inches, and is open at the side. This bag is the same as those for the narrow strip, except that it is one inch wider and is open at the side instead of at the end.

od that would make the leaving of a sponge in the abdomen practically impossible was not an easy task. I worked over the problem for the greater part of a year. I tried various methods in common use for keeping track of the small pads and sponges, such as clamping an artery forceps to a tape attached to each sponge, attaching a heavy ring to each tape before sterilization, clamping each

introduced for sponging is simply part of a very long piece, the greater part of which is always outside the cavity."

"To make assurance doubly sure, I have recently put the large roll of gauze above mentioned into a bag, similar to the bags for the narrow strips, except that it is open on the side. As now used, therefore, the set of gauze strips for abdominal section consists of four narrow

strips for sponging and one wide strip for packing back the intestines. Each *narrow strip* consists of a piece of gauze ten yards long and a half yard wide. This is folded lengthwise so as to make six thicknesses. The folded strip is approximately three inches wide and ten yards long, with raw edges turned in and the ends tacked with thread to keep it from unfolding. The bag for each narrow strip is five inches wide and ten

through and through, so that if by any possibility the whole strip should be packed into the abdomen (to check a sudden severe hemorrhage or for other reason) the end would still remain securely fastened outside. When all the strip has been packed into the bag, the top of the bag is closed by folding over and a large safety-pin is attached to the bottom of the bag. This safety-pin is for use later to fasten the bottom of the



FIG. 2.—Packing the Narrow Strip into the bag. The end of the strip is caught with a forceps and carried to the bottom of the bag, where it is fastened securely by sewing through and through, and then successive portions are rapidly packed in with the forceps. When packed in thus, the gauze strip may be drawn out a little at a time as needed.

inches deep, and is preferably made of extra heavy material and is sewed in such a way that there is no chance for a raveling to be pulled out with the gauze.

"Beginning with one end, the gauze strip is packed firmly, a little at a time, into the bag. When the end of the strip is introduced to the bottom of the bag, it is to be fastened there by stitching

bag to the abdominal sheet. It should be large, so that it will be strong and easily handled. Four of these filled bags belong in each abdominal-section set.

"The *wide strip* consists of a piece of gauze five yards long and one yard wide. This is folded lengthwise to make four thicknesses. The folded strip is approximately

nine inches wide and five yards long. The bag for the wide strip is ten inches by six inches, and open at the side instead of at the end. The end of the strip is then fastened securely in the bottom of the bag by stitching through and through, and the folded strip is placed in the bag in such a way that when pulled upon it will come out a little at a time as a wide strip. The open

purposes for which large pads are ordinarily used.

"At the operation, the lower end of a bag containing a narrow strip is pinned to the sterile sheet a sufficient distance away to bring the mouth of the bag conveniently near the wound, but not in the way. If desired, the upper end also may be pinned to the sheet. The gauze strip is used as a sponge by catching a



FIG. 3.—The Wide Strip folded and ready to put in the bag. One end of the strip is first introduced to the bottom of the bag and fastened there securely by sewing through and through. Then the whole strip, folded as shown, is placed in the bag. When the strip is folded in this way it will, when pulled upon, come out as a wide strip, suitable for packing back the intestines (see Fig. 6).

side of the bag is closed and pinned with two safety-pins, which are used later for pinning the corners of the bag to the abdominal sheet. One wide strip and four narrow strips constitute one set. The narrow strip is used for sponging, for walling off small areas and for all purposes for which small pads and sponges are ordinarily used. The wide strip is used for packing back the intestines, walling off large areas and all

small part of it with the fingers or with forceps and pulling it out of the bag as required, and then sponging in the abdomen. After use, this part is dropped away from the wound and another small part is drawn out and used. The used part is *not* cut off, but simply dropped outside the operative field, and, as more and more of a strip is used, this soiled part falls off the table and out of the way. Thus the greater part of the strip

is always outside the abdominal cavity. No detached pieces of gauze are used in the cavity, and hence none can be left here.

"Usually two strips, one placed on each side at the beginning of the operation, are used in the course of an ordinary abdominal section. In cases where there is but little sponging only one strip is needed. In very extensive operations, where an extra amount of sponging is required, three or four strips may be needed. In no case did I find it neces-

all my abdominal-section work from the time the skin is incised until the peritoneal cavity is closed. At first I anticipated considerable tangling of the gauze strips about the forceps in the wound, but found that that could be easily avoided by always dropping the soiled portion of the strip *outside the field close to the bag*. This prevents the accumulation of loose folds about the wound, with which the instruments may become entangled.

So far as I know, the method is orig-



FIG. 4.—A Set of Gauze Strip Sponges. A. Four Narrow Strips. The safety-pin at the bottom of each bag is for fastening the bag to the abdominal sheet (see Fig. 6). B. Wide Strip. The two safety-pins closing the bag are used later for fastening the corners of the bag to the abdominal sheet (see Fig 6).

sary to use more gauze than that contained in one set, though I always have an extra set sterilized and ready for use. I tried different lengths and widths of strips, and prefer the size here given. When ready to pack back the intestines out of the operative field, the bag containing the wide strip is wrung out of hot saline solution, laid on the abdomen, two corners pinned to the abdominal sheet, and the wide strip is then drawn out as needed to push the intestines out of the way and wall-off the involved area.

"I use these gauze strips exclusively in

inal, no description or use of such having come to my notice. The nearest approach to it that I have seen is the recommendation of some writers that a part of every abdominal pad and sponge should always be kept outside the cavity. For some years the large roll of gauze for packing back the intestines has been used by many operators; also gauze strips of various widths and lengths(including five-yard and ten-yard lengths) have been in general use in abdominal surgery for tamponade to check bleeding. But that is very different from the method

here detailed of using long strips systematically so as to eliminate all detached pads and sponges.

"It is the packing of each long strip into a bag that makes this use of strip-gauze practical and convenient—the small cloth bag confining the long strip in a small space so it is not in the way. Having

chance of leaving a piece of gauze in the abdomen.

"The object of this method is not convenience, but *safety*. Its existence depends solely upon the desire to eliminate every chance of leaving a piece of gauze in the abdomen. Incidentally, the method has been developed in such a way that it

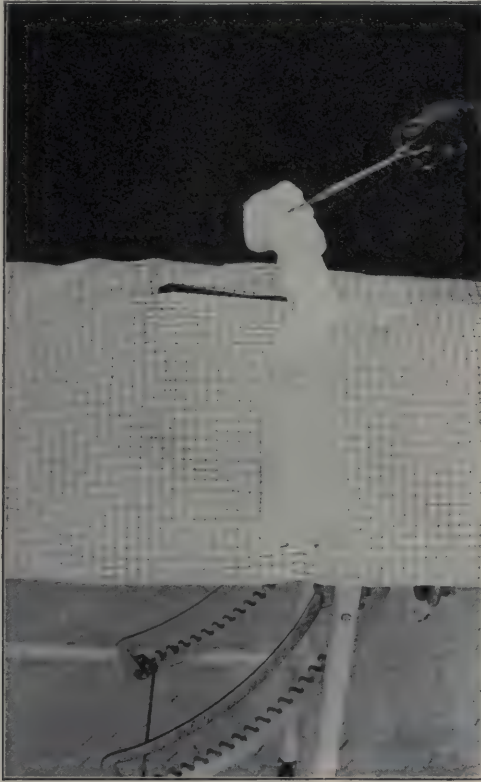


FIG. 5.—Method of Using the Gauze Strips. Just before the incision is made, a bag containing a Narrow Strip is fastened at the side of the abdomen by pinning the bottom of the bag to the sterile sheet. If desired, the top of the bag may be pinned in like manner. The mouth of the bag lies conveniently near the wound, but not in the way. The end of the gauze strip is caught with the forceps or fingers and pulled out as needed for sponging, as here indicated. In a case where but little sponging is required, one bag will be sufficient. In a case where more sponging is likely to be required, it is well to fasten a bag on each side of the abdomen at the beginning of the operation. [For photographing, the checked toweling was used instead of the usual white abdominal sheet, so as to show the white bag and strip better by contrast.]

used this method now for two years in various kinds of abdominal cases and under differing environment, I feel justified in recommending it as safe, practical and convenient. It simplifies the matter of pads and sponges for abdominal section and eliminates entirely the

is convenient—in some particulars more convenient than the ordinary detached sponges. But this convenience is only incidental. I call particular attention to this point for the reason that the simplicity of the method and its convenience in certain particulars (ease of prepara-

tion, compactness, sponge always within reach of both operator and assistant) have caused some to jump to the conclusion that its simplicity and convenience constitute the reason for its promulgation. That is a mistake. The time and study required for the develop-

work are fairly convenient. On that score no decided objection can be laid against them—certainly none of sufficient weight to justify the radical change here contemplated from the long-tried and generally employed technic of abdominal surgery. The fatal drawback to the or-



FIG. 6.—Method of Using the Gauze Strips. As fresh portions of the strip are drawn out for use the soiled portions are not cut off, but simply dropped down beside the bag and off the table. It is the continuity of the strip that insures safety—hence the strip should not be cut during the course of an operation. Troublesome accumulation of folds of the strip about the wound (with consequent tangling with instruments, may be prevented by always dropping the soiled portion outside the field close to the bag, as here shown. This photograph shows also the Wide Strip in place, ready to be used for packing back the intestines or walling off a large area, or any other purpose for which large pads are ordinarily used. The bag containing the wide strip is preferably wrung out of hot saline solution just before use. It is then laid on the abdomen, opened, two corners pinned to the abdominal sheet, as here shown, and the strip drawn out as required. No detached pads or other pieces of gauze are allowed about the operative field—hence none can be carried into the abdominal cavity to be left there.

ment of this method were given only because of the pressing necessity of finding some universally applicable method that would make practically impossible the serious accident of leaving a sponge in the peritoneal cavity. The pads and sponges commonly used in abdominal

dinary pads and sponges is the danger of one being left behind.

The question has been asked, "*Do not the methods in general use give practical safety?*"—The facts previously mentioned and the table of cases subsequently given answer that question to a large extent.

Hitherto there has not been a method, practically applicable in all the vicissitudes of abdominal surgery, which would entirely prevent this accident. Practically all authorities state that it is to a certain extent unavoidable. Notwithstanding all the methods hitherto proposed, many lives are still being sacrificed to this accident. In spite of widespread interest in the subject in recent years, and of much study and investigation of it and several excellent papers by different authorities, there has been no signal advance. Ten years ago operators were using the same preventive measures now commonly employed. The sponges were counted, tapes were attached to the sponges that were counted, forceps were attached to the tapes that were attached to the sponges that were counted, etc., etc. Yet with all these complicated precautions, many sponges were left in the cavity, as the records show.

Of course, where a surgeon always operates in the same hospital with the same assistants and to a large extent with the same nurses month after month, the danger is reduced to a minimum because of the establishment of a routine from which there is almost no departure. Even under these circumstances, however, the danger is not entirely eliminated. And what of the great bulk of surgical work, where the operator works at different hospitals, with different nurses and in some cases with changing assistants? Furthermore, the progress of the operation is not always smooth and regular. Abdominal surgery is notably full of uncertainties, unlooked-for developments and trying situations, that break the routine of the best regulated institutions and tax to the utmost the

ability and steadiness and attention of all concerned in the operation. And, still further, think of the emergency work, in unsuitable environment and with untrained assistants! In estimating the possibility of this accident, all these conditions must be taken into consideration. Likewise, all these conditions had to be considered in devising a method for preventing the accident. To be suitable for general use, the method must be absolutely safe under all these varied conditions.

There are several methods that would be fairly safe under ideal conditions and when everything progressed smoothly. But it is only a fractional part of abdominal surgery that is conducted under ideal conditions—with assistants, nurses, material and routine all perfectly adapted to the work in hand and to each other. As far as I have been able to ascertain, every method previously proposed has broken down absolutely under the vicissitudes of abdominal surgery under usual conditions. And this failure has not been due to inexcusable carelessness and lack of common judgment, but to the fact that under the emergencies of actual work, it is impossible to watch everything and to follow all the details of the nice routine required by these methods. The racks for receiving sponges or the hooks on the walls (where there is a hook for every sponge and at the end must be a sponge for every hook) or the permanent attachment of a heavy ring to a tape on each sponge or other complicated methods may work very well in a perfectly arranged institution, but they will never permeate the bulk of abdominal surgical work.

The method which has received the most general adoption, of attaching a

tape to each sponge and an artery forceps to each tape and perhaps clamping tape to the sterile sheet, depends too much on attention to details and watchfulness on the part of the surgeon and assistants to be safe. If we could always depends on every one doing their full duty and on the "tracers," as the tapes are sometimes called, never pulling off of a sponge, very well. But abdominal surgery is not a smooth and easy form of work, and surgeons and assistants and nurses are not perfect human beings. Any method that is built on the supposition that the operation will always go along without any great emergency and without mistakes, is bound to fail sooner or later. With the use of tapes and forceps, many sponges have been left in the abdomen. We must deal with facts, not simply with nice theories.

Another question asked is, "*Why not cut off the used portion of gauze?*"—There is a rule which should be most strictly observed, namely, never cut a gauze-strip sponge in the course of an operation. The temptation to cut the strip comes not infrequently, because in certain situations it makes the sponging somewhat more convenient. In some situations the cutting would, of course, not be dangerous, as when part of the strip outside is cut off and allowed to drop away. On the other hand, in other situations the cutting of the strip might lead to a portion being left, as when a part is used for temporary packing and then the strip is cut in order to sponge more conveniently with the remainder. Whenever a cut is made in one situation for any reason the rule is broken, and then a cut is likely to be made on the spur of the moment in any other situation where it appears to in-

crease the convenience, and thus absolutely security is lost. The only safe plan is to adhere strictly to the rule never to cut a strip during the course of an operation. Of course, if at the close of an operation it is desired to use part of a strip for permanent packing or drainage, that is a different matter.

Another question that has been put to me is as to the *size* of the strips. I experimented with different sizes. Those used at first were much narrower. When such a narrow strip is wet with blood it becomes like a ribbon—not enough substance in it to sponge well. Of the various sizes tried, I found ten-yard strips, half a yard wide, the most convenient. Folded as indicated, such a strip is narrow enough for use when a very small sponge is required while, on the other hand, several folds caught in the forceps furnish the substance for a large sponge. Also, it can be easily spread out sufficiently to wall off an object with sheet gauze, as, for example, in surrounding the region of the appendix when that structure is to be removed. When the gauze used in making the strips is extraordinarily thin, the width should be doubled.

I have been asked about the *cost* of this method. Preventing, as it does, one of the most serious accidents of abdominal surgery, it is cheap at any price. Even though its use cost several times as much as the dangerous detached sponges, that would not constitute a valid objection. As a matter of fact, however, it costs no more than the usual method; if any difference, the cost is somewhat less. In order to get definite information on this point, I ascertained the amount of gauze generally used in an ordinary abdominal section in each of

four of our leading hospitals. Though the number and size of the pads and sponges differed greatly in the different institutions, there was a striking uniformity in the amount of gauze consumed in an ordinary abdominal section—averaging twenty to twenty-five yards in each institution. The amount ordinarily used in the method which I have detailed is fifteen yards—the five-yard roll for packing back the intestines and ten yards in the two gauze strips in bags. In severe cases the third gauze strip is used. Even if the whole set were used, it would not run over the amount consumed by the usual method.

I have been asked if, in using this method, it is necessary to take one's own sponges to the different hospitals. Not at all. Where the operating room nurse is not familiar with the method, she is given, a day or two before the operation, a slip containing definite directions for preparing the strips and bags.

Nurses, as a rule, welcome the method, stating that it is less troublesome than the sewing of the numerous small pads and sponges. The directions to the nurse are as follows:

GAUZE-STRIP SPONGES FOR ABDOMINAL SECTION.

Four narrow strips—10 yds. long, 3 in. wide—6 thicknesses.

One wide strip—5 yds. long, 9 in. wide—4 thicknesses.

Have another set (four narrow and one wide) in reserve.

For the Narrow Strips, the yard-width of gauze is divided into two strips, and each of these, when folded to six thicknesses, is about three inches wide. For the Wide Strip, the full yard-width of gauze is used—when folded to four thicknesses it is nine inches wide. Turn in all raw edges so that no raveling can be left in the abdominal cavity.

Pack each Narrow Strip into a separate small cloth bag, 5 in. wide and 10 in. deep, and attach a large safety-pin to the bottom of the bag. The safety-pin is to pin the bottom of the bag to the abdominal sheet at operation. Make the bag of extra heavy muslin or drilling and sew with French seams to avoid ravelings on the inside. The end of the strip first introduced to bottom of the bag should be fastened there securely by stitching through and through. Then pack the strip firmly into the bag in such a way that it will come out easily, a little at a time as needed. Four of these filled bags belong in each set.

For holding the Wide Strip, use a bag 6 in. by 10 in. and open on the side, instead of at the end. Fold the strip back and forth, thus forming a narrow pile about three inches wide (see Fig. 3). Fasten one end of the strip securely to the bottom of the bag by sewing through and through. Then place the folded strip in the bag in such a way that, when pulled upon, it will come out, a little at a time, as a wide strip suitable for packing back the intestines. Fold over the open side of bag and pin with two large safety-pins. The safety-pins are for fastening two corners of the bag to the abdominal sheet (Fig. 6).

One wide strip and four narrow strips constitute one set and are to be wrapped together in a cloth for sterilization in the usual way. Have also an extra sterilized set in reserve. At the operation the bag containing the wide strip is to be placed in hot normal saline solution. The narrow strips are to be used dry.

The above simple preparation provides all the pads and sponges required for abdominal section and, as used at the operation, the sponge is always within instant reach of the operator. The advantage of always having the sponge within instant reach will be particularly appreciated by those who have been obliged to handle serious and troublesome intra-abdominal conditions without trained assistants. The gauze strips may be used also for temporary packing to check hemorrhage or for any other purpose for which strip gauze may be required in the course of an operation.

Nursing Pneumonia on a Ranch

A WESTERN NURSE.

ABOUT the middle of March, 190—, I was quietly enjoying a stormy Sunday afternoon at home, when b-r-r-r went the telephone, producing one of those kaleidoscopic changes incident to a nurse's life.

The toll line promptly connected me with a little town thirty miles away, where again connection was made with a ranch four miles further on. Here there were three adults, all very ill with pneumonia, and I was requested to come out on the first train possible, which did not leave until 6:30 the next morning.

This gave me ample time for preparations. A friend drifted into my room and noting the white uniforms and skirts which I was about to pack, sagely questioned, "Who do you expect to launder these things out there?" This was a poser which had escaped me because of my absorption in the possible needs of my future patients. I met it by deciding to array my upper third as usual, taking along a dark underskirt and skirt which could be burned.

When I arrived I found a fourth member of the family, the youngest child, a girl of fifteen, coming down with the same disease. She and her mother (aged fifty) were in different bedrooms on the second floor. The father (aged sixty) and a son (aged twenty-four) were both in one room below the mother's, the stairway terminating in this lower room.

The following day the daughter K., accompanied by a sensible young sister-in-law, was sent to a hospital in my home town, as we could not properly care for

her. The doctor made his daily visit soon after my arrival and, having posted me in regard to the patients, told me he would be compelled to spend some time with another patient, also desperately ill, some sixteen miles away. He therefore gave me general instructions, but I was to rely largely on my own judgment and do the very best I could for them all. Then, expressing the warmest sympathy for the heavy burden I was assuming, he drove away, while I turned to face one of the most strenuous times in my nursing career.

The mother, the first to be stricken, was then in the greatest danger and needed the most care, and her room I made my headquarters. A young man, teaching the district school, had served one year as orderly in a hospital. He secured a substitute for his school and took charge of the two men under my supervision.

The neighbors for miles around took turns in coming to help. They were surely needed, as for over a week it often took two and occasionally three to care for each patient both day and night.

Mrs. X. occupied a double bed and was on a tick filled with hay, and by this time was down in a hollow in the centre, which made the nursing awkward indeed, but she was far too low to risk transferring her to a level mattress. Straightening out her bed as best I could, I unearthed five long strips, evidently torn from pillow slips, which she had been using to expectorate in. These I at once burned and then set some one to cutting up old

muslin into four-inch squares with which all three patients were then supplied and instructions given to the caretakers to burn each piece after it was once used.

During the first night Mrs. X. became unable to dislodge the accumulated mucus by coughing. I took equal parts of whiskey and water with a pinch of sugar, and from time to time gave her a teaspoonful of the mixture. It never failed to loosen the mucus so it could be easily expelled.

By the way, while aware that she herself had pneumonia, she was led to suppose that the men only had bronchitis and the daughter a common cold.

About half-past five the next morning I was hastily summoned to the son E. I found him sinking. Gave the usual hypos. and judging by his breathing that he, too, had not expectorated as he should, prepared and gave some of the whiskey mixture with satisfactory results. Was with him one-half hour. Hastened back to the mother, whom I had left with a son-in-law, only to find her in a moribund condition. Again I gave hypodermics of nitro glycerine, strychnia and digitalin, noting, of course, on my record both the time and amount. As she responded I gave whiskey by mouth, noting the time. The doctor asked me later how much whiskey I gave, and laughed quietly when I replied, "O, I wasn't measuring it just then; I was pouring it down." He was kind enough to appreciate how I had been driven.

I had not let the son-in-law summon the family, but kept him helping me until everything had been done which might be beneficial; then I slipped out to send a telephone call for the doctor, as things were looking very bad indeed for both mother and son. He came within an

hour, ordered more hypos., said there was no hope for the mother and very little for the son, and then telephoned to another town for a doctor to come in consultation. The two decided to make no change in the drugs, but ordered snow poultices for all three patients, and as it snowed nearly every day for two weeks the supply was unlimited.

This was the first time I ever used snow in this way, and I liked it much better for the purpose than I did ice. The poultices were so soft and light in weight. The snow was wrapped up in a towel and securely pinned and applied over the involved area. The beds were protected already with rubber sheeting and bath towels, of which there was a plenty, were tucked around to absorb the moisture and easily changed from time to time. The snow gave great relief and lowered the temperature.

The doctors stayed until 2:30 p.m. that day, and about an hour later I had to go downstairs on an errand. As I opened the door into the sick room below the father said to me, "E. is dying, he will soon be gone." One horrified look confirmed this statement and also showed the condition was due to lack of oxygen. That in tanks was miles away, and though a blizzard was raging, I resolved to levy on the supply outside.

To the amazement of the helpers, I closed the drafts of the fire which they fondly thought was just the thing, put extra covering on both patients and threw windows and doors wide open, and then gave hypodermics to sustain the failing heart.

The ex-orderly had gone to bed tired out with twenty-four hours on duty. I had him summoned, as I dared not remain away from the mother, and knew

E. needed more care than the neighbors were competent to give. He came willingly and E. rallied, and later, when I slipped down to see how he was doing, he was able to whisper a request to have his bed moved so he could put his head out of the window to get more air. From that time on until they were able to be sitting up out of bed, for all three recovered, no fires were kept burning in the three sick rooms, even when it was twelve degrees below zero. As we had pitch pine for fuel a hot fire was quickly made when the patients needed personal attention.

So through open doors and windows poured the pure country air of 7,000 feet above sea level, and wholesome with the breath of pines.

To keep the patients' extremities sufficiently warm we used Mason jars filled with hot water. Attached to one end of the big range in the kitchen was a large flat-bottomed reservoir, capable of holding a dozen or more jars standing upright. When we took back the jars, while we seized the opportunity to warm our cold hands and feet, a helper lifted out the hot jars, wiped them dry and screwed the tops down tight, then loosened those on the ones returned and set them back in the hot water. By this method there was no time taken up in emptying and refilling, the original filling doing for as long as they were used in this way.

The father's distress over his son's condition made it imperative to put him in other quarters, and late that same evening he was moved into a bed put up in the dining room. He was the only one of the three to have double pneumonia, and before long his life hung by a thread and his recovery seemed impossible.

Moving Mr. X. into the dining room compelled us to abandon the kitchen for our own use; for he could readily hear the replies to the telephone and catch disquieting scraps of conversations when the door was opened and shut. An old bunk house some distance from the main dwelling was pressed into service. It was already supplied with an old cook stove. The telephone was quickly transferred to this building, and here our meals were cooked and eaten.

With three patients critically ill a good sized washing had to be done daily, and considering the stormy weather it is a wonder how the neighbors and family managed as they did to keep us supplied with clean dry things for them.

Those blessed neighbors never failed us. Regardless of storms, each morning a fresh set came for the day and at evening another set for the night shift. One person always overlapped to see that the nursing work ran smoothly and continuously. The regular ranch work was not neglected. I remember hearing them say there were two hundred head of cattle to be fed, seventeen cows had to be milked night and morning, the milk to be run through a separator, warmed and fed to the seventeen calves. Then there were horses, pigs and chickens to be looked after. Two young men came and stayed right along to help with this work. Then there were others who chopped wood for the two kitchen stoves, turned the washing machine and wringer and went to town after supplies. At least two women came each day to help with the housework. Those who remained at home did double duty that the others might be free to help, and even found time to bake bread, etc., for our large family. Small wonder that,

as I saw all this kind helpfulness, I found myself repeating, "Then is blest living here, loving and serving."

An extra man came at night to keep up the main kitchen fire and serve a hot supper at midnight for the half frozen nurses who were watching and working in those bitter cold sick rooms. Coming down one night I found a slender young man with a very refined face and immaculate in a black suit, "boiled" shirt and starched collars and cuffs, presiding in the kitchen. He too, had not come empty handed, for there were several nice loaves of bread and two lovely big layer cakes, all of his own make.

His mother had died, and since then he had bravely tried to take her place and do his best toward keeping up their ranch home, and now we were profiting from his faithfulness to duty.

At first I did not get any relief from Monday morning until Wednesday evening. After that I was on duty for thirty-six hours at a time, from 7 a. m. one day to 7 p. m. the next evening, when the doctor would come and stay up all night, and I slept for twelve short hours. I have spoken of the storms. At times the snow came down so fast the boys could not keep a path open between the buildings. I have vivid recollection of one such evening, when summoned to supper, of standing on the kitchen doorstep in the darkness and blinding snow trying to get my bearings and feeling a wee bit depressed with it all; and then suddenly some one threw open the bunk house door, letting the friendly light stream towards me, and the trifling incident revived my hope and courage and braced me up in great shape.

The doctor had cautioned us we must all tell the mother anything but the truth

concerning the other three. As she became able to enter into the family life again she inquired particularly for her daughter, K. (the one sent to the hospital), commenting upon her recent lack of appetite. To explain her absence from our floor I told her that as there was no way of heating K.'s room we thought it safer to put her in one of the rooms downstairs. This, of course, met with her approval, and she next asked what K. had had for breakfast that morning. I promptly told her orange juice, oatmeal and cream and a poached egg on toast. She thought it such a nice breakfast, and I added to her pleasure by saying K. ate every bit of it.

She began to wonder because her well children were so seldom in her room and had so little to say when there. The trouble was the poor things were in mortal terror for fear their fibs would not tally with my fibs, and so took refuge in silence or absence.

Before I left, at their request I owned up, stating the facts, as if any other course were entirely out of the question. As her husband and son were out of danger and her daughter safely back from the hospital, she had no cause for uneasiness and expressed her gratitude for having been kept in ignorance, admitting the knowledge of the others' condition would have been fatal to herself. She was greatly puzzled because I had told the fibs simply and naturally. In my younger days I could not have done it, because I was one of the "rigidly righteous," even condemning the nun in Hugo's immortal story for lying to Javert concerning the whereabouts of Jean Valjean. Since then I have learned to have a better idea of being "righteous overmuch." Then, too, I attributed my suc-

cess partly to the efforts I had honestly made, when called on to amuse little children, to enter fully with them into their happy world of "make believe."

I could not accept all the kind invitations extended to me by the neighbors, but stopped for a few days' rest at the "A Arrow" Ranch and managed to spend a day at each of the two nearest ranches. Coming out to my first meal at the "A Arrow" I exclaimed at the attractive appearance of the table with its white linen, pretty china and shining silver, feeling somehow as if I had just waked up from a dream. My host and his wife exchanged amused glances, and after saying grace Mr. W. turned to me and laughingly said, "You don't know in the least what you have been eating lately nor how it was served!" I owned to a dim recollection of sitting up to the table on a box turned on end and of stirring my tea or coffee with a tin teaspoon, but could not remember a table cloth. Having done his share of the night work, Mr. W. could assure me we had a table cloth—a red and white one—and had used

steel knives and forks and stone china.

He told me how Mrs. X., on my arrival, while I was out of her room, instructed her daughters to use the best table linen, china and silver and to be very particular in serving the meals.

It seems the various neighbors had derived a good bit of amusement both from seeing the nurse perched up on a box utterly oblivious of her surroundings and from picturing Mrs. X.'s consternation if she could have seen the same. How the creature comforts to which we have been born sink into insignificance when human lives are at stake!

The last of that week the evening train carried me homeward and as I watched the beautiful mountains with "their silent promise of eternal peace" and recalled "the alarm—the struggle—the relief," my heart gratefully repeated the parting words of a neighbor, "to think you didn't have even *one* funeral!"

As the ex-orderly had done his work faithfully and well, and the doctor had skilfully handled his part, that "you" is to be taken in the plural sense.

An Apparatus for the Introduction of Salines into the Rectum

DR. GORDON SAXON, of the Germantown Hospital, Philadelphia, has devised a special apparatus for controlling the flow and keeping the fluid warm during the administration of salt solution by the Murphy method. It consists of a covered copper bucket, into which fits a graduated jar containing the salt solution. A faucet at the side provides for quick emptying. A thermom-

eter is so arranged that not only the temperature of the solution but the rapidity of the flow may be accurately determined. A "shunt bottle" is arranged on the outside of the apparatus in such a manner as to permit the expulsion of the solution or flatus. A pinch-cock is provided which regulates the flow drop by drop. This is described in detail in *Annals of Surgery* for March, 1909.

Before Leaving the Typhoid Patient

AN OLD NURSE.

IN a great many of the typhoid fever cases in private homes the nurse is very often obliged, for one or another reason, to give up the case either before convalescence has more than well begun, or at least before the patient is out of bed. The convalescent period is so full of dangers, of relapses of the patient, or of spreading infection, or both, that I feel the necessity of giving very careful practical instructions to whichever member of the family is to take charge of the case when I finally leave. In many cases I know several days before when I am to leave, and I also know who is to be in charge of the patient after I am gone, that is if it is some member of the family. I take my successor into training for a short time each day, show her how to move and turn the patient and how to change the sheets without exposure and without exhausting the patient. If the patient is a woman, I show her how to arrange the hair. Outside of the sickroom I dwell on the importance of daily care and disinfection of the mouth as far as possible, on the necessity of keeping flies out of the sickroom and of carefully disposing of all excreta, soiled clothing and utensils, so that flies may not have access to it. She gets also a lesson on how to make up the disinfectant solution and how to manage the disinfection process.

It is rare that the process of giving baths to reduce fever needs to be taught in such circumstances, but the best way to give cleansing baths and mouth washes needs to be demonstrated. I also dwell on the very great importance of the

nurse herself taking proper care of her own hands, so as to avoid infecting herself and others.

I think it is wise to ask the doctor whether or not he wants the temperature taken by the home nurse, and if he does, I show how to take the temperature. A lesson on how to give an enema is also included, and the right way to manage the bed pan.

Nearly always I have had to give some instructions about medicines before this stage of the case arrives, as some one has had to relieve me for sleep and rest, but I go over the medicine directions carefully again to be sure they are understood.

The food question is about the most important, and I explain how easily a relapse might be caused by indiscretions in feeding. It may sometimes be wise to give some practical lessons in cooking, but not always. It is, however, a very great help to make out a few days or a weeks' bill of fare, beginning the first day the doctor allows solid food to be given.

The daily care of the sickroom, the sweeping, dusting and the ventilation also need to be taught, and in Winter especially the question of careful management of the temperature of the sickroom is not one to be overlooked. The doctor always orders the length of time the patient is to be allowed to sit up. Warn against overexertion and draughts. Even among well-to-do people instructive work is needed, and I know from experience that the family appreciates the interest taken.

An Experience with Cerebro-Spinal Meningitis

CORA A. KROMER.

THIS disease is limited to early life, seldom attacking those over forty years of age, and supposed to be caused by unhealthy surroundings, poor food, or impure drinking water, occurring in Winter or early Spring, particularly in low, damp places. The two epidemics I have been able to observe, however, both occurred in small country villages, with apparently healthful surroundings among rich and poor alike and where the sanitary condition of the homes was well up to the average; but in both instances the epidemic followed the digging up of earth in the grading necessary in the building of new railways.

How the germ is taken into the system is not yet understood, whether by inhalation or ingestion.

During the epidemic which occurred in Castalia, Ohio, in the Spring of 1907, when there were twenty-two cases in a village of perhaps five hundred inhabitants, the water supplies used by the different families, the water-cress of which several patients had eaten, and the water and mosses of a pond which had been suspected, were all analyzed by the State Health Officers and found negative.

Whether or not the disease is contagious was a question very much discussed at that time, some doctors holding that it was, and that all cases should be isolated. This theory was, however, not borne out by the facts, as in no case could infection be traced from one patient to another. In but one family did two cases occur; and in that instance there was no reason why the second case should not have been con-

tracted from the same source as the first.

In most cases one victim had never been near another case or any of the attendants. In several cases outside the village, in the surrounding country, the victim had perhaps been in the village but a couple of hours while doing errands.

The whole community was in a panic-stricken condition, and because of the fear of contagion I enjoyed several weeks of enforced idleness, after having taken care of several cases of the fever.

One doctor broke an engagement with me three weeks afterward; of course, I received a great deal of free advertising while on the cases, as the "only nurse who would brave the danger of infection."

The newspapers always devoted a great deal of space on the front page with scare headlines to the reports of the cases.

The onset is usually sudden, with headache, vomiting and dizziness, followed by severe pain in back and limbs, with contraction of muscles of back there may be delirium, followed soon by convulsions and coma, with increased contraction of dorsal muscles even to oposthotonus, with a temperature ranging from 100 to 104 degrees, or there may be simply the agonizing pain in head, back and limbs, the patient retaining consciousness with a temperature steadily rising to 110 degrees or more. In one case I had the mercury went above the scale on the clinical thermometer; probably it was about 111.5 degrees. There may be pin-point

mahogany-colored spots scattered over body, but these are not always present.

Lumbar puncture will show an accumulation of serum and pus in spinal canal, and autopsies showed almost *complete* destruction of the cord and great disorganization of the brain, particularly the medullae.

The duration may be from a few hours to a few days, recovery having been very rare. Of the twenty-two cases in Castalia only two recovered. The treatment was ice to head and back of neck, cold sponges or hot packs. Turpentine and olive oil aa were applied over spine as a counter irritant. Morphine sulphate gr. $\frac{1}{2}$ to $\frac{3}{4}$ was given hypodermically for pain, strychnine sulphate for heart stimulant, while the convulsions were controlled by the relief of pressure from cord by lumbar puncture, but in spite of all that could be done the first twenty cases died.

During this time Dr. Flexner, of Rockefeller Institute, was working away on his meningitis anti-toxin, which was still in the experimental stage. With the development of the twenty-first case he sent a man from Cleveland to whom he had entrusted the administration of the first dosage to a human being. Because of the extreme hopelessness of the case, there was no hesitancy in its use,

as soon as it could be procured, because it presented the first ray of hope after several weeks of despair, and had been awaited with great anxiety by the doctors in charge.

Lumbar puncture was made, the serum and pus drawn off from canal and 1,000 units of the serum injected in its stead. The patient held her own for twelve hours and another dose was given. After another twelve hours she showed slight improvement, and the treatment was repeated a third time, and improvement went steadily, though slowly on. In this case the convalescence was long and tedious, because the motor nerves of the lower limbs regained their functions very slowly, perhaps owing to the greatly diseased condition of cord, but after several weeks the patient was restored to her usual health and strength.

In the second and last case the recovery was much more rapid because the treatment was begun as soon as the diagnosis was made.

The Flexner anti-toxin has been used with equal success since, having decreased the mortality by about 20 per cent. or more. It was certainly a God-send to the inhabitants of that vicinity, for they did not feel then that the first symptom was a death warrant, but even if stricken there was yet a ray of hope.

Missouri.

The Jewish Hospital of St. Louis has inaugurated the system of instruction of nurses by expert teachers. During the present year instruction in anatomy will be given by Dr.

Robert J. Terry, professor of anatomy in Washington University, who devotes his whole time to teaching and research in this department.

Editorially Speaking

The Nursing Outlook

THAT the next few years will see important changes in the nursing world is a belief shared by many who are sympathetically interested in the development of nursing for all classes. The unrest that has prevailed for years is increasing rather than growing less. The chaotic conditions demand study and regulation, and some method of regulation is bound to come. Physicians, nurses, hospital superintendents and trustees are giving close study to the conditions that prevail, in the hope that some plans may be evolved that will be fair to graduate nurses, to hospitals, to pupil nurses, to middle class patients and satisfactory to physicians. It is more than likely that there will be protests from various quarters regarding any plan that may be proposed. Those who are wedded to the present very defective registration system will cry: "Let us alone. The registration theory is ours. Do not disturb it." Short course schools will likewise be likely to cry: "Let us alone." Unskilled, untrained nurses will also cry: "Let us alone. Work your registration theory as hard as you please so long as it does not touch us."

A surprisingly large number of hospital superintendents, nurses and laymen, besides thousands of prominent physicians, are advocating a return to "the old paths," believing that on the whole the method of allowing pupil nurses to undertake the nursing of middle class patients in their homes is safer,

saner and altogether better than to allow that vast field to be occupied by wholly untrained women. It is very probable that some abuses arose under the old method, some pupils were kept too long out of the hospital. Provision was not made for return to classes and the loss of lectures was not made up in many cases to the pupils. But all these points can easily be corrected. The adoption of text books in all lines of study renders the pupil less dependent on the lecturer for her teaching. If the work of pupil nurses in the homes is restricted wholly to patients of limited means; if with the practical experience in homes there is given also a measured supervision and theoretical instruction in private nursing; if proper limitations are observed, the pupil nurse as well as the middle class patients will be benefited, and no injustice will be done to the graduate nurse who declines to enter this part of the nursing field.

There is great need in every city and county of an organization that will devote itself to the practical solution of the problem of middle class patients from a local standpoint. And this is one of the lines on which growth may be expected in the not far distant future. There are thousands of graduate nurses who would be glad to accept a position on the nursing staff of an organization devoted to supplying nurses for middle class patients and who would accept a moderate salary that was sure every

month rather than the uncertainty of the private nurses remuneration. Such an organization would undoubtedly receive bequests and endowment in course of time, and properly managed such an enterprise should largely pay its own expenses, besides meeting a great need. In England several large hospitals keep a corp of graduate nurses who do private nursing year after year, the hospitals paying their salaries and being responsible for their calls. Why not also in America?

Another development which promises much for the future is along the line of "baby nursing" and the instruction of mothers in the best methods of rearing strong, healthy children. In the reduction of infant mortality the nurse of the future will play an important part, and those who are training present day pupil nurses need to keep this fact in mind.

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Ideals of To-day

WITHIN the last few months thousands of nurses have been awarded diplomas and have started out on an independent career. Good advice has been freely given them. Ideals of the highest have been set before them. Is it not possible that with the emphasis that is being put on educational attainments we are losing sight of the high ideals that inspired nurses in the pioneer days? One writer in the symposium, mentioned that she regarded as one of the most important things in a nurse the fact that she wanted to nurse the sick more than any other work in the world. Are we putting as much emphasis as we should on the old-fashioned qualities of gentleness, obedience, truth, honesty, unselfishness, or are we losing sight of these in the effort to secure nurses with a cer-

tain school certificate who will be able to take a high grade in examinations?

A superintendent stated recently that so much stress was being laid on what the State required of nurses that there was great danger of losing sight of what the patient required. She said she was obliged to take herself to task seriously every little while and ask: "Am I putting most time and thought and energy into preparing the nurses to take the R. N. examination or on teaching and showing them how to make the patient comfortable?" It was a very timely and practical question which she asked herself. We hope others will ask the same question.

Only a short time ago a member of a State Board of Examiners stated that in State examinations the poorest work was done in demonstration of comforts for the sick, or in arrangements to lessen discomfort during protracted painful illness. It seems as if this condition might, if it exists, rightly be considered a disgrace to training schools and to the whole nursing body. A prominent New York physician has on more than one occasion called attention to this point, which he has observed both in hospitals and homes. Is the trouble as he suggests that nurses are trained till they become mechanical and indifferent, or is it that the rush of work and shortage of nurses of late years has made it difficult or impossible to give the attention to this fundamental duty in nursing? Whatever the cause is it should be sought for and remedied. A nurse's duty is only half done when she has succeeded in keeping a patient from dying. The other half includes making him comfortable and keeping him as happy as possible.

Nursing Locations

WE wish again to call the attention of nurses to the fact that they can confer a great benefit on their sister nurses by writing us of locations where there is a chance to work up a good nursing practice. A writer in the September number of the Trained Nurse called attention to several Oklahoma towns where the possibilities were excellent. In a magazine which came to hand recently it was stated that Oklahoma had an area equal to Ohio and Indiana combined, with a population of about a million and a half. Where there was a wilderness six years ago there are now growing towns of 5,000 to 6,000, well able to support a nurse or two. The population is 86 per cent. white. Hospital facilities are not as readily found as in the older settled sections and the field is well worth considering, both as a location for a hospital venture and for nursing. Let us hear from other sections of the country.

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Hourly Nursing

EVERY now and then some nurse writes for advice regarding taking up hourly nursing. A considerable number of nurses have tried it and abandoned it as an unworkable plan. One nurse, who had been struggling for a year or more with the plan and who considered seriously giving it up, wrote not long ago for advice, or suggestion, as to any plans which might be tried, before abandoning it and trying something else. Her letter showed that she was almost hopelessly discouraged, as she told of the methods she had used to secure calls, and the poor results.

One mistake would seem to have been made in asking too large fees before

getting a practice of any kind established. We give below the schedule of fees asked and would be glad to hear from nurses as to the best methods to use in getting a practice in hourly nursing, and the fees which it would seem advisable to ask.

Is there a possibility of getting up a practice in hourly nursing in every city? Will those who have had experience in this line of work kindly let other nurses have the benefit of it?

Are these fees asked by the nurse mentioned too high or not?

SCHEDULE OF FEES.

Daily visits in ordinary cases	\$1.00 per hour with 50c. for each additional hour and carfare.
Care for patient per day or night.....	\$4.00
Assistant during confinement.....	\$5.00
Assistant physician with office surgery...	\$3.00
Prepare for minor operations and assist	\$5.00

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Offerings for the New Year

WITH the January issue THE TRAINED NURSE enters 1910 well past its twenty-first birthday, and well advanced into its twenty-second year.

We hope and trust that all our present subscribers will remain with us throughout the year and send us many new names, to the immediate and material gain of both.

We might with justice beg the continuance of your patronage in grateful recollection of the good THE TRAINED NURSE has done the nursing profession. Or, we might even rightfully shake the stern finger of Duty under your nose and tell you it was your business to support THE TRAINED NURSE because it is the only nursing magazine which looks out for the whole body of graduate nurses all the time.

We might triumphantly rehearse our

virtues and accomplishments, as if you were children unable to see for yourselves; and we might even offer a prize, without fear of having to part with it, to any one who would show us where we had advised the nursing profession badly even once in twenty-one years, or show us one successful forward movement not first advocated in these columns.

But we like not the suppliant attitude of appealing to your gratitude any more than we like the overdone play upon duty. No; we come to you with a plain business proposition—the best magazine for \$2 a year you can get anywhere—rounded and complete; the best theoretical and the best practical articles, and the most complete set of departments offered in any nursing publication.

As long as nursing remains the handmaiden of medicine and a subordinate profession we will not ignore physicians. But, on the contrary, we will present during 1910 some very able articles by some of the best-known physicians in this land. In addition to the celebrated men who have contributed during the past year and will again, we take pleasure in announcing two papers, "Nursing of Children," by Dr. Le Grand Kerr, of Brooklyn, N. Y., and other notable contributions by Dr. James Rooney, of Albany; Dr. M. E. Cowen, of Fishkill-on-Hudson, N. Y., and Dr. Eugene Lack, of Brooklyn, N. Y.

We have practical nursing articles of the highest quality by well-known nurses. Among these practical papers are "The Diphtheria Patient," "The Scotch Douche," "Nursing Puerperal Sepsis," "Nurses and Functional Nervous Disorders," "The Work Cure, Occupations for Retired Nurses," "Tuberculosis and Neurasthenia."

Miss Hutchison, one of our most popular writers, will conclude her series on the "Nursing of Children;" Miss Annette Fiske, an article on "The Value of Trifles." Miss Mary A. Clark, of Philadelphia, is the author of an instructive paper on "Hemophilia or Bleeders Disease." Miss Charlotte A. Aikens will continue her series on the preparation of drugs.

We have also several fascinating papers on actual, but rare or remarkable, nursing experiences; and our departments will remain as full, complete, varied and valuable as before.

It has been said that the readers of THE TRAINED NURSE form a class most representative of all that is best in the American nursing world—an intellectual power.

These readers have made possible the constant and sincere endeavor of the editor to give the best there is in theoretical and practical nursing which has characterized the pages of THE TRAINED NURSE for over twenty-one years.

But we want all our friends to subscribe and help us do even better through the strength which comes with increase of numbers. Do not be content to just read a copy—subscribe—each copy is worth keeping and is a material and moral force for the uplift of the profession.

The new year finds us with heart and mind as fixed as ever on our work for the nursing profession. Individually and collectively, we wish each and all a happy and prosperous new year.

As for ourselves, in the words of Addison's Cato:

*"'Tis not in mortals to command success,
But we'll do more, Sempronius: we'll
deserve it."*

The Diet Kitchen

Diet List for the First Week After a Normal Confinement

ROSAMOND LAMPMAN.

FROM THE FIRST TO THE SECOND DAY.

DIRECTLY after labor in a normal case milk diet is usually given for the first six hours; at the end of this time, beef broth, chicken broth, beef juice, crackers with milk or broth, milk toast, buttered toast, thin bread and butter, milk and egg shakes, cereal coffee, cocoa or any of the breakfast cereals may be given.

THIRD DAY.

Breakfast.

Cream of Wheat with cream and sugar,
Lamb Chop, Toast, Cereal Coffee.

Lunch.

A Glass of Milk.

Dinner.

Mutton Broth, Crackers, Rare Beefsteak,
Baked Potato, Graham Bread,
Wine Jelly, Weak Tea.

Lunch.

A Cup of Hot Malted Milk.

Supper.

Baked Apple with cream and sugar,
Milk Toast, Cocoa.

FOURTH DAY.

Breakfast.

A Sweet Orange,
Rolled Oats with cream, Soft-Cooked Egg,
Toast, Coffee.

Lunch.

Milk Shake.

Dinner.

Clear Soup, Crackers, Broiled or Baked
Chicken, Mashed Potatoes, Whole Wheat
Bread, Caramel Custard, Cereal Coffee.

Lunch.

A Glass of Milk.

Supper.

Oyster Stew, Crackers,
Stewed Fruit, Thin Bread and Butter,
Cocoa or Milk.

FIFTH DAY.

Breakfast.

Stewed Fruit,
Farina Mush, Broiled Whitefish,
Graham Rolls and Coffee.

Lunch.

Egg-Nog.

Dinner.

Chicken Broth, Crackers, Roast Lamb,
Baked Potato, Whole Wheat Bread,
Orange Jelly with Custard Sauce, Weak Tea.

Lunch.

A Cup of Malted Milk.

Supper.

Poached Egg, Toast, Junket Custard,
Chocolate.

SIXTH DAY.

Breakfast.

A Sweet Orange
Cream of Wheat, Beef Steak,
Water Toast, Coffee.

Lunch.

A Glass of Koumiss or Milk.

Dinner.

Cream of Celery Soup, Crackers,
Roast Beef, Lettuce, Sweet Potato,
Cream of Rice Pudding, Cereal Coffee.

Lunch.

Orangeade with Wafer Crackers.

Supper.

Broiled Oysters, Toast, Orange Jelly,
Plain Cake, Cocoa.

SEVENTH DAY.

Breakfast.

Any Fresh Sweet Fruit,
Wheaten Grits, Scrambled Eggs,
Creamed Potatoes, Graham Rolls,
Coffee or Cocoa.

Lunch.
Milk Shake.

Dinner.

Cream of Potato Soup, Crackers,
Browned Sweetbreads, Riced Potatoes,
French Peas, Olives, Coffee, Blanc Mange,
Plain Cake, Cereal Coffee.

Lunch.

A Cup of Chocolate, Wafer Crackers.

Supper.

Creamed Chicken, Baked Potato,

White Bread, Stewed Fruit,
Sponge Cake, Tea.

Fruit and fresh vegetables (such as string beans, asparagus, peas, lettuce and celery, may be given in their season. Nursing mothers should avoid eating pork, veal, beans, corn, turnips, cucumbers and cabbage, or in fact any food which has previously disagreed.

Convalescent's Diet.

(Continued from October)

THIRD DAY.

Breakfast.

Stewed or Fresh Fruit,

Cream of Wheat Mush with Cream and Sugar,

Puff Omelet, Creamed Potatoes,

Buttered Water Toast, Cereal Coffee.

Lunch.

Lemonade, Wafer Crackers.

Dinner.

Mack Bisque Soup, Toasted Crackers,

Roast Beef, Creamed Celery, Mashed Potatoes,

Chocolate Custard, Tea.

Lunch.

A Glass of Koumiss or Milk.

Supper.

Broiled Chicken, Creamed Potatoes,

Baked Apples or Fresh Fruit, Sponge Cake,

Cereal Coffee.

FOURTH DAY.

Breakfast.

An Orange.

Grape Nuts, Cream,

Broiled Mutton Chops, Creamed Potatoes,

Graham Rolls, Coffee.

Lunch.

An Egg Nog.

Dinner.

Cream of Asparagus Soup, Croutons,

Chicken Fricassees, Riced Potatoes,
Stewed Tomatoes, Lemon Jelly,

Cream of Rice Pudding,

Coffee.

Lunch.

Clam Frappe.

Supper.

Broiled Squab, Baked Potatoes,

Whole Wheat Bread, Peach Whip,

Sponge Cake, Chocolate.

FIFTH DAY.

Breakfast.

A Banana,

Hot Shredded Wheat Biscuit, Cream,

Broiled Fish, Creamed Potatoes,

Dry Buttered Toast, Cereal Coffee.

Lunch.

A Cup of Hot Malted Milk.

Dinner.

Cream of Potato Soup, Sippets,

Broiled Steak, Baked Potatoes, Creamed

Onions, Celery Salad, White Bread, Jelly,

Plain Ice Cream, Plain Cake,

Coffee.

Lunch.

Chicken Broth Frappe.

Supper.

Broiled Oysters, Toast,

Stewed Figs, Cream, Angel Cake, Tea.

The Hospital Review

The American Hospital Field in 1910.

The close of the old year and the dawning of a new sees a hospital field wider than ever before, and ever widening. The hospital world has fared well at the hands of the year that has just passed into history. It has not been an easy year. Each local hospital has had its problems, but there have usually been found ways of meeting them. The financial panic has affected many hospitals adversely, but not as disastrously as was feared a year or two ago. There has been steady growth in the way of new institutions, additions to existing plants, improvements all along the line, instead of tales of disaster or failure to report.

The spirit of brotherhood among hospital people is growing, and the horizon of the workers is widening. Only a few years ago each institution was an isolated unit, pursuing its task as best it could, irrespective of how its methods affected other institutions or organizations. Gradually the hospitals of the United States and Canada are being linked together; are finding that in union there is strength; that by sharing with others the knowledge gained by experiment or experience in one institution, there is gain rather than loss; are considering the promotion of the general good, how best to strengthen the weak and develop the possibilities for good in all directions. The American Hospital Association has become a powerful organization, how powerful, we cannot at this time measure. As new problems present themselves, or old ones become more acute or more clearly defined, there is evident a growing disposition to grapple with them, to attack them in a broad, tolerant and statesmanlike manner and work patiently toward a solution.

There are still great needs along hospital lines to be met. Many cities are still without facilities for caring properly for contagious diseases. In many States no special thought or planning has been directed toward adequate provision for the crippled children of the State. In this age of the world, with

the knowledge and experience we have as to what may be done to prevent deformities and improve conditions in this class of children, it ought to be possible for every crippled child in the land to have its physical defects and deformities remedied as far as human skill could do it. There should be some door that would swing open in response to the appeal of every crippled child for relief, and the fact that there is a place of help for such sufferers should be made known to every citizen of the State.

We are still far from well-equipped with convalescent homes or branch hospitals, the need for which is keenly felt in our large, overcrowded cities. The problem of infant mortality deserves greater attention on the part of hospital authorities. The movement for Summer hospitals for babies to which an ignorant or distressed mother might come with her baby, not only for care but for instruction for herself, is a comparatively recent development in hospital work which has in it almost boundless possibilities for good. Many hospitals with comparatively little additional expense could establish a branch Summer hospital for babies in a shack or tent that would be easily accessible to the mothers and babies of the poorer districts, and thus assist in the solution of this great problem. In the education of the mothers lies the main remedy for the appalling infant mortality that goes on each Summer among the babies of the poorer districts. This is not only a problem of the large cities, but of the mining villages and the great industrial centres of the country. How to properly care for the children that come into the world on American soil is as great a health problem as the tuberculosis problem. The coming years should see the hospital world devoting more study to this great question.

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Notes and News.

St. Luke's Hospital, Newburgh - N. Y., treated 873 patients last year, the largest number in its history. Miss Sarah Henry

is superintendent and Miss Anna O'Brien supervising nurse. There are twenty pupils in the school.

A hospital is to be built in connection with the Georgia School of Technology at Atlanta, as a memorial of the late Joseph B. Whitehead.

The Norwegian Lutheran Deaconess Hospital, Chicago, is to erect a new building at a cost of about \$100,000.

The new hospital at Eldorado, Kansas, has been opened for patients. Dr. J. L. Eyman is the founder and superintendent.

Des Moines, Iowa, is to have a homeopathic hospital. Dr. George Royal is president of the hospital board that has been organized.

A chain of small hospitals, about twenty miles apart covering all of Long Island, N. Y., is the plan of Mrs. O. H. P. Belmont. One hospital has already been built at Freeport and is said to be self-supporting.

The new hospital being built by the King's Daughters Hospital, at Gulfport, Miss., will soon be ready for patients. Miss Helen Seymour, a graduate of Bellevue Hospital, N. Y., is superintendent.

Grace Hospital, Detroit, is to have a new addition which is to cost in the neighborhood of \$75,000. It will increase the capacity to two hundred beds.

Chicago is to have a tuberculosis hospital to cost \$450,000.

The Atlanta School of Medicine has completed a maternity hospital for colored women. It will be known as the Lula Grove Kendrick Maternity Hospital.

A tuberculosis preventorium for children has been established at Lakewood, New Jersey, through the generosity of Mr. Nathan Straus and others. The work was started in a small way in the Grover Cleveland cottage this past Summer and almost a hundred children, who were threatened with tuberculosis,

have already been received and all have shown steady improvement.

A new hospital, to cost about \$100,000, is to be built at Lansing, Mich.

The Dubois Hospital at Dubois, Pa., was badly damaged by fire recently.

The new hospital at Amboy, Ill., has been opened to patients.

St. Vincent Hospital, at Taylorville, Ill., is to be enlarged. The addition is to cost about \$25,000.

The Memorial Hospital, Morristown, N. J., has received \$3,000 recently as a gift from E. L. Dobbins to be added to the endowment fund. This fund now amounts to over \$70,000.

At the annual meeting of the Rhode Island Hospital, Providence, the need of a social service department as an auxiliary to the outpatient department was presented and seriously considered. It is quite probable that a social worker in that department will be appointed.

An addition is to be made to the Hopewell Hospital, Minnesota, that will greatly increase its capacity.

The entire medical staff of the Alexian Brothers Hospital, St. Louis, have resigned owing to friction with the hospital authorities. The new staff will be selected from the faculty of St. Louis University.

A new nurses's home is under construction at the Evanston, Ill., hospital through the generosity of Mr. J. A. Patten. The building, 52x105 feet, will have three stories, basement and a roof garden, and will be of fire-proof construction. The exterior will be of vitrified brick, Bedford cut stone, and the roof of slate. It will conform in style of architecture and color to the other hospital buildings. In the basement there is to be a fully appointed kitchen, dining room, pantry, and exercise room. On the first floor are the superintendent's and assistant superintendent's room, lecture, library and drawing rooms.

There will be forty-eight beds for nurses. Each nurse will have a room connected with a bath. A vacuum cleaning system will be installed. There will also be a water filter system for all water used in this building, the boiler room and laundry. Hardwood floors and trim throughout except in the basement, where sanitary cement floors will be used. This building will be connected with the Administration building by an artistically constructed corridor. Miss Anna Louise Davis succeeds Miss Locke as superintendent.

An interesting plan for increasing hospital funds is in operation in Elizabeth, N. J. It is known as the half-day-pay plan. Collectors appointed to secure the fund reported that \$22,500 had been gathered, which has been divided among three hospitals.

Miss Mary B. Hall, who was for a year superintendent of Hurley Hospital, Flint, Mich., has been appointed to secure funds for the new hospital to be built at Lansing.

A building known as the De Kalb Sanitarium, Ill., has been placed at the disposal of a board of trustees to be used as a hospital and old people's home.

Plans are being made for the addition of a three-story wing to St. Luke's Hospital, Fargo, N. D.

St. Mary's Hospital, Green Bay, Wis., is to have a two-story brick addition, work on same beginning early in the Spring, cost to be about \$50,000.

Married.

Miss Clara Brendle, of Tiffin, Ohio, and Dr. Edwin Lauber, of Archbold, Ohio, were married Oct. 12th at Grace Reformed Church, Toledo, Ohio. Mrs. Lauber is a member of the Class of 1909, Robinwood Hospital, Toledo, Ohio, and Dr. Lauber a member of the Class of 1909, Medical Department of the Toledo University.

At the home of the bride's parents, 318 Buttles avenue, Columbus, Ohio, Miss Margaret E. Bates was united in marriage to Dr.

Early in the Spring of 1910 the Lutheran State Hospital, of South Dakota, will be erected at Watertown at a cost of \$75,000.

The Centreville, (Iowa), Hospital Association has offered to give over the grounds, buildings and equipment of the Centreville Hospital to Appanoose County to be used as a county hospital, providing a tax is levied for its support.

The Franciscan Sisters of St. Louis have arranged for the erection of a \$100,000 hospital at Waterloo, Iowa.

New buildings are being added and some alterations made in the old ones at the State Tuberculosis Hospital, at Wales, Wisconsin.

A new hospital is being built at Montevideo, Minnesota.

A \$125,000 hospital is being erected at Vancouver, Washington. It is a Catholic institution and called St. Joseph's. The corner stone was laid November 7.

Ex-Governor Odell is to give a \$75,000 tuberculosis sanitarium to be located near Newburgh, N. Y.

As a result of the recommendations of the special committee on training schools of the American Hospital Association the trustees have decided to appoint a night supervisor who is a graduate nurse at the Jamaica Hospital, N. Y. Mrs. Ward and Mrs. G. Yeaton attended the convention at Washington.

Clarence G. McPherson. Mrs. McPherson is a graduate of the Lawrence Hospital Training School, Class of '08, and has successfully practised her profession since her graduation. Dr. McPherson is a graduate of the Ohio State University and also of the Ohio Medical University. They will reside at Xenia, Ohio.

Miss Maude Estelle Sherrick, of Liberty, Iowa, was married to Dr. W. Elton McWhirt, of Globe, Arizona, at Libertyville, Thursday evening, Nov. 4th.

Book Reviews

BOOK REVIEW.

Clinical Studies for Nurses. By Charlotte A. Aikens, formerly superintendent of Columbia Hospital, Pittsburg, author of Hospital Training School Methods and the Head Nurse, and Primary Studies for Nurses. Cloth, \$2.00. For sale by Lakeside Publishing Co. This new book has been eagerly looked for and already has been hailed with joy as a veritable boon to teachers and pupil nurses. Designed especially for second and third year pupil nurses, it covers practically the entire field of nursing as related to common diseases. No other one book covers the same ground. The author seems to have searched the whole field, and from a great variety of sources has gathered in one compact volume, of about five hundred pages, the main practical points which the professional nurse should know relating to the diseases commonly encountered. Like its companion volume, *Primary Studies for Nurses*, it is arranged in four sections, to facilitate study and review and examinations, and the studies are folloved by a very practical and comprehensive quiz compend, containing six hundred questions to aid the pupil in self-examination.

Section I. is devoted to diseases, general and special, and medical nursing. Beginning with the general manifestations of disease, the chapters deal with infectious fevers and their management, diseases of the respiratory, digestive, urinary and circulatory system. The chapter on tuberculosis is clear, concise and thoroughly practical—one of the best in the book.

Section II. is devoted to obstetrics, gynecology and diseases of children. The headings of the chapters in this section are: The Reproductive Ssystem, The Period of Pregnancy, Management of Normal Labor, The Puerperium, The Newborn Infant, Accidents and Complications of Pregnancy and Labor, Complications During the Puerperium, Common Gynecologic Diseases, Gynecologic Treatments, The Feeding of Infants and Children and Diseases of Children. The description of the reproductive

system and its function is about the best and clearest we have seen in the whole range of nursing literature. The chapters on gynecology and diseases of children are thoroughly up to date and full of practical information in an easily-get-atable form.

Section III. is devoted to surgical nursing, and there are chapters on surgical principles and procedures, wounds and their complications, nursing in orthopedic diseases, fractures, diseases of the eye, ear, nose and throat; skin and accidents and emergencies.

Section IV. is devoted to physical therapeutics, massage, and nursing in nervous and mental diseases. Nowhere have we seen the subject of massage for nurses dealt with in such a clear and interesting way, and the illustrations in this chapter multiply its value. The chapter on mental nursing is one of the finest in the book. The chapters on hydrotherapy etc., fill a long felt want in nursing text books.

The graduate nurse who desires a book which is a whole library in itself will find what she needs in this volume, while for pupil nurses it means a long step in advance in this line of nursing text books. The volume is, profusely illustrated and its success is already assured.

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Practical Gynecology, A Manual for Nurses and Students. By Netta Stewart, sister in the gynecological wards of the Royal Infirmary, Edinburgh, and James Young, M. B., F. R. C. S. E., clinical tutor in surgery and late resident gynecologist, Royal Infirmary; physician to Lawriston Pre-Maternity Home, Edinburgh. Second enlarged edition. 12mo. volume (7½x 5 inches), 343 pages, profusely illustrated by four full page plates and ninety-two engravings in the text. For sale by the Lakeside Publishing Company, price \$2, postpaid.

Although both Miss Netta Stewart and Dr. James Young are in practice in Edinburgh, Scotland, nevertheless this work is of interest and of value to American nurses. While there is some little difference between the best practice of the United States and of Great

Britain, it has been practically eliminated in this book.

The first edition having been exhausted, Miss Stewart came to the United States and visited the principal hospitals in the eastern part of our country to acquaint herself with our practice and to observe any special requirements which would enable her to present to the nursing profession in this country a book which would be generally helpful and interesting.

Miss Stewart's long and varied experience in gynecological nursing, and the highly responsible position she holds in one of the most renowned hospitals in Europe guarantees this book as reliable and of authority.

As this book treats its subjects in the light of the most recent and practical knowledge on both sides of the Atlantic, a work is thereby placed within the reach of all interested in gynecological nursing, which is almost indispensable to those who desire to become acquainted with the broadest and latest knowledge on this subject.

The contents is as follows: Anatomy of the pelvis; gynecological instruments; micro-organisms; inflammation sepsis; asepsis-antisepsis; sterilization of hands. instrument and dressings, etc.; the examination of patients; the vaginal douche; the vaginal tampon or plug; the intra-uterine douche; the use of the cantharides blister, etc.; the use of the catheter; the examination of the female bladder; irrigation of the bladder; the examination of the rectum; gonorrhoea; displacements of the uterus; preparation for minor operations; curettage or curetting; repair of the perineum, or perineorrhaphy, preparation and after-treatment; the operation of vesico-vaginal fistula, repair, preparation and after-treatment; vaginal hysterectomy; preparation for abdominal section; the operating room; duties of assistants during the operation; after-treatment of abdominal section; complications after abdominal section; description and preparation of operating gowns, sheets, swabs, sponges, etc.; glossary; index.

Minnesota.

The Minnesota State Board of Examiners of Nurses will hold the last examination under the waiver of the State law regulating the practice of nursing January 21, 1910. Examination to be held at the City and County Hospital, St. Paul, Minn., at 9 a. m. on above date.

All applications must be in the hands of the secretary twenty days before date set for examination (that is, before January 1, 1910).

After January 1, 1910, all graduate nurses must take the examination for State registration and non-graduate nurses will not be eligible for State registration either with or without examination.

Graduates of special hospitals will be eligible for examination for State registration only with additional training in an approved general hospital.

It is therefore necessary that all applications for State registration under the waiver be sent in at once.

Application blanks may be obtained upon application to the secretary, Miss Helen M. Wadsworth, R. N., 1502 Third avenue S., Minneapolis, Minn.

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Iowa.

The graduate nurses of Des Moines, Ia., held a bazaar November 30 to December 4 for the benefit of the Visiting Nurses' Association. The tables of pretty and appropriate gifts for the holiday season were so inviting that they received a liberal patronage and thus secured quite a sum toward extending the work in the city.

Corrections

The very interesting account of the Messina earthquake, which appeared in the December number, was by Miss Phyllis S. Wood. We regret that the name was omitted.

We would also correct the spelling of the name in the personal item on page 390 of the December number. It should read Miss Rose M. Heavren.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS.

The Question of Preliminary Education.

To the Editor of *The Trained Nurse*:

I beg leave to trespass on your "Letter Box" space to reply to two letters which have appeared in your columns recently touching on the theme of the title. In discussing this question; if my own personal opinion was all I had to offer I would hesitate to intrude further on your space, but because the matter is one of vital importance to the care of the sick, and because I know that I am voicing the opinions—more, the deep, settled convictions of thousands of physicians, hospital superintendents, as well as thousands of graduate nurses—it seems best to continue the discussion.

Mrs. Lockwood in her convention paper and in her letter in the October magazine, and Miss Hasson in her letter in the December number, both criticise hospitals and hospital superintendents who do not decline to accept pupils who have had less than a fixed degree of education. These able writers do not appreciate well-educated nurses more than I do, but I feel quite sure that were they to-day in hospital positions, with the pressing responsibilities on them of caring for large numbers of seriously ill people, if they were facing daily rows of beds, women in the throes of childbirth, accident patients, fever patients, serious surgical patients, little, deformed, crippled children, needing to have their handicaps removed, they would modify their opinions considerably. I should not be greatly surprised, if they were in hospital positions, to find them doing the very things they now so forcibly condemn in others. They would probably accept as many high school pupils as they could get who seemed promising, and make up the balance of their nursing corps with those who could not show certificates of the required degree of education. There is nothing like hard experience to upset theories, and, lest we forget, recent experience is often necessary to keep us to practical possibilities.

In Mrs. Lockwood's letter, she says: "*I consider a high educational standard as one of*

the guarantees of moral character." About the time the October magazine came to hand, there appeared on the front page of one of the Detroit dailies the pictures of three physicians who were then, and are still, in the Wayne County jail, two for murder and one on a serious charge of embezzlement. All of them are well educated men, of more than usual intelligence and skill of a certain kind. One has made considerable money on the lecture platform of the country. There is not a county in the United States in which many concrete illustrations could not be found to refute the theory that a high degree of education is a guarantee of good moral character. In spite of all that has been said and written, I still lean to the belief that a better nursing corps will result if the superintendent is left unhampered by fixed educational requirements to select from the largest number of applicants possible to obtain those who show in actual practice during the probation term the best all-round qualifications for the work.

Is it not possible that some are charging up to hospital superintendents and trustees faults which should be charged to weak, erring humanity as a whole? I am not surprised to hear of a nurse giving a hypodermic injection in a man's heel. I am no longer surprised at any mistake I hear of nurses making; but I seriously protest against all such blunders being charged up to hospital superintendents. Every superintendent knows that in spite of the most careful teaching nurses will do things they should not have done, and leave undone things they should have done; this not altogether because they have not been taught better methods, but because they are human, and liable to get tired, liable to mistakes and errors in judgment. As long as I have known anything about this old world, all sorts of people have made mistakes. Round pegs get into square holes. Misfits are found in every walk of life. Every one of us has suffered mental agony while listening to some preacher who

was better fitted for a peddler's or porter's life than for the pulpit. Stenographers misspell words and send out bad copy. Cooks set before us cookery that is not good for us to eat. In spite of the high educational standards of the medical profession, we know doctors—numbers of them—whom we would hesitate to employ for a sick animal if we placed a high value on the life of the creature. Girls do get into the nursing profession who should have chosen some other occupation, and until the millennium comes we will have nurses who should have been in some other line of work, and nurses who misspell words, who make mistakes, who give hypodermic injections where they ought not to, and wrong doses of medicine.

Miss Hasson makes the statement that "a large percentage of graduate nurses are worthless unless under strict supervision." This may be true, but personally I have not found it so. Some writer has said that every one is as lazy as he dares to be. Nurses are no worse than the rest of the world in this respect, and I incline to the belief that, on the whole, they take the responsibilities of their life and work about as seriously as any class of people that I know of.

Coming back to the question of spelling, I have groaned over the misspelled words which some nurses insisted on sending in to me on their papers. I remember two nurses in one class who were conspicuously poor spellers. One was an ex-school teacher. She insisted on spelling "chronic" without an "h" throughout her entire course, in spite of all I could do. The other was a high school graduate, and she insisted on spelling "disease" without an "a." I called their attention to these and similar blunders repeatedly, but to break them of spelling habits that were firmly fixed seemed impossible. Yet when a case of suspected smallpox broke out in the hospital, the nurse who spelt disease without an "a" went cheerfully into quarantine with the patient, and all through her course I found her ready to take up, uncomplainingly, the most difficult case that came. No nurse was more frequently asked for by physicians for "special nursing" of their hospital patients. The last I heard of her she was doing visiting nursing in the slums of a western city, and I haven't a doubt that in spite of her misspelled words her life as a nurse has been a blessing

to many. As a hospital superintendent I doubtless made many mistakes, but I am not convinced that it was altogether a mistake to give such a girl a chance to develop her nursing abilities. Let us keep our ideals for nurses and nursing high; but when it comes to fixing legal standards let us try to keep within the realm of practical possibilities in our requirements.

CHARLOTTE A. AIKENS.

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An Interesting Experience.

To the Editor of The Trained Nurse:

This beautiful little city of Mansfield, Ohio, was a very busy place for nurses during the past Summer. Ordinarily about twenty nurses take care of the work, but during a typhoid fever epidemic there were ninety-three nurses here from out of the city.

What may be of interest to others is the experience of two nurses in the Ohio State Reformatory, located in Mansfield. There was an explosive outbreak in that institution and the physician took immediate steps to protect the officials and inmates from any danger of contact cases. He insisted on the boys having trained care, not only for the safety of those already ill, but for the protection of the others.

One of the original features of the treatment was the "no nourishment excepting water," no ice baths, little medication, calomel if required. Although the patients had the usual high temperatures of typhoid fever and ice baths were not given, there was the usual gradual decrease in temperature by this treatment. However, ice caps on the heads were used constantly. There was almost an entire absence of cerebral disturbances, very little distention and not any hemorrhages. At one time there were thirty-five patients in the hospital.

This is the first time that a male penal institution in Ohio employed women graduate nurses. They had some funny experiences with the boys who were assigned to assist them, in teaching them how to do the work properly, especially the necessity of constant vigilance in disinfecting clothes, dishes, and also the constant care that a typhoid patient requires.

There are about a thousand boys in the institution, and they felt great alarm at first, but as few new cases developed, this died out.

The attending physician is Dr. K. G. Parker and Dr. J. B. Glenn assistant and house physician. The nurses were Miss Catherine Buther

and Miss Helen T. Hayden, for whom the work was made both a pleasant and profitable experience by the kindness of the physicians, together with the unvarying courtesy and respect shown them by the officers and inmates of this institution.

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Give Us a Remedy.

To the Editor of The Trained Nurse:

It seems, as one reads the articles on nursing questions, that about every mistake which nurses have made can be used as an argument for demanding by law that all nurses shall have a high school education.

I would like to ask if Miss Hasson, who condemns superintendents so unsparingly for the kind of nurses they accept to train, would have us believe that nurses who had had one year of high school work are exempt from making mistakes or that those who have not had this one year in high schools are to blame

for all the mistakes that occur? Every one knows that even the most careful surgeon sometimes makes serious mistakes, but it would seem to be unfair to argue that he had "a low order of intelligence." In view of all the criticisms we superintendents are getting because we cannot run a hospital without nurses and cannot get nurses who come up to some of the standards of intelligence and infallibility, is it too much to ask Miss Hasson to give us a plan which can be carried out under existing conditions in the hospitals to-day which will ensure a class of graduate nurses which comes up to the ideals of what nurses ought to be? We want the very best nurses we can get. If she can tell us how to do better than we are doing, she will confer a favor not only on the undersigned, but on the hospitals in all parts of the country. For we are all alike guilty in that we fail to turn out nurses who will never make mistakes.

ANNA W. BARCLAY.

Missouri.

The graduates of the Jewish Hospital of St. Louis Training School for Nurses have organized an alumnae association with the following officers: Mrs. Isador Glueck, Class '06, president; Miss Gilberta Harris, Class '09, vice-president; Miss Helen McAllister, class '09, secretary and treasurer.

The Training School for Nurses of the University of Missouri, Columbia, announces the graduation of Miss Gertrude Hamill MacBrien and Miss Margaret Isabel Jardine. The diplomas were presented by the president of the university.

Mrs. W. E. Freytag, nee Long, has been made chairman of the Revision Committee. This committee is to revise the by-laws of the State Association. Mrs. Freytag would like to hear from the alumnae on this subject. Every one has a right to be heard, and it is only through our own efforts that we will be represented. The work must not be left to a few of the faithful, but we, with so large a membership, the largest in the State, are showing a woeful lack of interest as a body.

We have splendid women in our ranks, but many lack confidence and training. No one knows until they try what can be done. In these days of organization the plea, "I am not a public woman" is a poor one. We do not ask for stump speeches from you, but we would like to have you voice your opinion in the meeting in place of over the tea cups after the vote has gone the other way, and then often it is raised to criticise your own who have done what you did not dare to do. Use your vote, if you cannot come, send your proxy to some one of those who can be active. Study your by-laws of the State. If you see any loophole, any flaw that might give too much power into the hands of any one, anything that would tend to lessen equal representation, make a note of it and send it to Mrs. W. E. Freytag, Graham, Mo.—*Alumnae Bulletin*.

Miss Josephine M. Shields, who has been head nurse at Parker Memorial Hospital of the University of Missouri, Columbia, for the past five years, has resigned her position.

Department of

Army and Navy Nursing

The Superintendent of the Army Nurse Corps started on a tour of inspection November 3.

This inspection included only those Army General Hospitals located within the limits of the United States. After gazing for days at the uninteresting country traversed by the Southern Pacific Railroad the first sight of Fort Bayard, New Mexico, was a delightful surprise.

Situated in a slight depression, or valley, at an elevation of over six thousand feet, and surrounded on all sides by granite mountains, it seemed, at this time of year, a veritable oasis.

Barren stretches of country, dotted here and there with yucca, muscal and cactus, were replaced by green lawns, shade trees, gardens and flowers.

With an ample supply of water the fertility of this country is beyond belief.

The Government has added, by purchase, to its original reservation of fifteen square miles various ranches and water rights, so that the hospital has an abundance of pure spring water.

The post was established in 1866 and transferred to the Medical Department of the Army in 1899 for use as a hospital.

Many new buildings have been recently erected, among them a new residence for the nurses, which promises to be ready for occupancy early in January.

This building is most satisfactory in its arrangements, and is situated on a slight elevation, with a magnificent view of the mountains.

Each nurse will have a room to herself—steam heat, electric lights, hot and cold water. But, best of all, the rooms open on wide balconies, so that all who desire may sleep out of doors.

Only twenty nurses are stationed at Fort Bayard, making a more natural home life than one can hope for in a larger institution.

Many have their own saddle horses, which can often be purchased for \$40, or even less, and sold, as a rule, without much loss when the nurse is transferred to another hospital.

There is a good tennis court, which can be used during the greater portion of the year, as there is not much snow and practically no rain until about the last of June.

When the rainy season really begins the whole country is a mass of flowers, the splendid yucca towering over all.

The nurses usually remain at Fort Bayard one year, and must reconcile themselves to doing without the pleasures of a city; but, to all who love the country, it offers many compensations.

The Army General Hospital in San Francisco occupies a portion of "The Presidio," or Government reservation, used as a fort, and is under the control of the Medical Department of the United States Army.

The nurses have a comfortable home near the hospital, and have all the advantages to be derived from living in a large city.

There are many pleasant walks and drives through the reservation, with now and then fine views of the harbor and the "Golden Gate."

This hospital was one of the few in San Francisco not seriously injured either by the fire or earthquake, and promptly opened its doors to patients and nurses from any part of the city.

The work of the chief nurse, Miss Thompson, and the nurses who were with her at the time was a splendid example of faithfulness to duty under the most terrible conditions.

It is most gratifying to have met Miss Early and nearly two-thirds of the members of the Army Nurse Corps, and it is the earnest desire of the Superintendent that the tour of inspection may be completed at an early date, and that most cordial relations may be established with all nurses serving under the Stars and Stripes.

Changes in the Army Nurse Corps*During November and December, 1909.***APPOINTMENTS:**

Mary Frances McLaughlin, graduate of the Hackensack Hospital, Hackensack, N. J., 1907; appointed and assigned to duty at the Army General Hospital, San Francisco, Cal.

DISCHARGES:

Eva C. Cunningham, from General Hospital, San Francisco, Cal.; Olive V. Kallaway, from General Hospital, San Francisco, Cal.; Cora F. West, in San Francisco, from duty at the General Hospital there; Harriett Elsie Wills, from Division Hospital, discharged in Manila to be married.

TRANSFERS:

The following-named nurses were transferred from the General Hospital, San Francisco, to the General Hospital, Fort Bayard, New Mexico: Anna M. Cotter, Bessie Kelly and Maude MacLellan.

The following have been transferred from the General Hospital, San Francisco, to the Philippines Division, having sailed on December 6: Gertrude B. Gilstrap, Louise H. Gutberlet, Mrs. Annie M. Shea and Florence W. Thompson.

JANE A. DELANO,
Superintendent, Army Nurse Corps.



NURSES OF THE CANFIELD WHITE HOSPITAL AND SANITARIUM, CLEVELAND, OHIO.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

New York.

The Nurses' Alumnae Association of the New York Post-Graduate Hospital, held a fair at the Waldorf-Astoria Hotel, December 9 and 10, for the benefit of their fund for sick nurses. The fair was a great success both socially and financially, and a substantial sum will be added to the fund.

Nineteen young women received diplomas from the German Hospital Training School for Nurses, New York City, November 25. More than 500 persons were present in Krackowizer Hall, at the Anna Ettendorfer Dispensary Building, to witness the exercises of the twentieth class which the training school has graduated. The platform was banked with palms and ferns, and the young women received many flowers. They are the Misses Caroline Ammann, Wilhelmina Margot Bartels, Emma Burkhardt, Mary Regina Dunn, Margaret C. Garretson, Louise Alvine Goeltz, Anna Blanche Henkensiefken, Clara Leah Horn, Helen Lena Karcher, Bertha Hedwig Keller, Sybil Koeller, Evelyn Martin, Mary Esther Mackay, Marie Irmgard Mirsalis, Tessa Marie Munder, Margaret Munro, Dorothea Elizabeth Pries, Augusta Prokopp and Anna Gustava Weiss.

A sum of money has been presented to the Teachers' College of Columbia University by Mrs. Helen Hartley Jenkins for the endowment of a department for the post-graduate instruction of trained nurses to qualify them for the carrying out of the sociological side of their profession. The chief purpose is to provide especially trained nurses to do house-to-house and settlement nursing among the poor, and give instruction in the theory and practice of hygienic living.

In line with the plan adopted some time ago, Commissioner Owen, of Rochester, has appointed three trained nurses to do duty in the public schools under the direction of the

Health Officer. These are the first appointments of the kind in the city and were made only after urgent representations by organizations and individuals.

The three nurses appointed are Anna E. Bill, Mabel Goodwin and Elsa Bradstreet Hixson.

The Nurses Alumnae Association of the Presbyterian Hospital, New York City, held a fair December 8 and 9 at 37 East 71st street, for the purpose of establishing a pension fund.

At a special meeting of the New York County Society, held in New York City November 19, the report of the Committee on Central Registry was read and a resolution was passed "that the County Association take steps to establish a Central Registry as soon as possible." This cannot, however, be done at once, as it will necessitate the amendment of the by-laws. To allow nurses who are not members of the County Society to register it will be necessary either to get a license, or to form an associate membership. The latter plan is said to be opposed by many who stand for State registration.

It has been suggested that circulars of information be distributed, and to finance the scheme it is proposed to issue bonds.

The regular January meeting of the County Society will resolve itself into a mass meeting on the question of Central Registry, and Dr. Houghten, president of the Medical Society, is expected to speak.

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Spanish-American War Nurses Correction.

In the revised list of members recently sent out, the names "Beecroft" and "Beauruette" should read as follows: L. A. Beecroft, life member, Minnequa Hospital, Pueblo, Colo.; F. D. Beauruette, no address.

The following names were omitted: Theresa Ericksen, life member, Redding, Cal.; M. A. Motschman, life member, 169 Main street, Haverhill, Mass.; Edna Copeland, life member,

To the Nursing Profession



it is dainty and delicious—

is presented as a preparation bearing the highest medical endorsement. Prepared with pure, fresh milk

Retained when all other foods are rejected

Send for sample and booklet on digestion and digestive ferments, FREE

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LAMONT, CORLISS & CO. (Sole Importers)

The Best Cocoa of them All

**Highly recommended for
invalids and children**

You only need boiling water and Maillard's Breakfast Cocoa and you have the most healthful, delicious drink in the world—convalescents derive great benefit from its use.

If you haven't tried Maillard's Vanilla Chocolate you've missed a treat. The true vanilla bean flavoring.

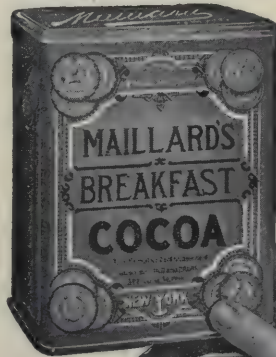
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Fifth Avenue

Maillard's
NEW YORK

At 35th Street

The Luncheon Restaurant—a popular resort for ladies—afternoon tea 3 to 6



**Easy to
Prepare,
Easy to
Digest**

361 Sterling Place, Brooklyn, N. Y.; Kesiah Fanning, life member, 300 State street, Brooklyn, N. Y.; Mary Gleason, life member, 170 Spruce street, Detroit, Mich.; Mildred Shaw, Mount Bethel, Pa.

Will the above members please accept apology?

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Pennsylvania.

The Pennsylvania State Board of Examiners for Registration of Nurses has met during the past month for the consideration of applications for registration, and to formulate a curriculum which has been outlined, to be suggested to all the training schools of the State, in the hope that some uniformity can be established in the training schools. Final action will not be had until recommendations are received from those most interested. These recommendations will, as far as possible, be embodied in the curriculum when a standard will be established by 6-1-10 in ample time for those nurses who will find it necessary to come before the Board for examination in nursing on June 1, 1912, as all nurses resident of this State previous to that time will be registered without examination if the training school which they attended meets the requirements of the Act of Assembly.

The Board has no affiliation with any other board, society, hospital school or sect of medicine, its object is to protect the public and the medical profession against persons not properly educated for the responsibilities of a nurse.

The Board, at their recent meetings, granted registration to 485 applicants. These, by the Act of Assembly approved May 1, 1909, are now privileged to use the title Registered Nurse or its abbreviation, R. N., to wear the pin authorized by the Board and to be known as registered nurses.

Of the 485 applications granted registration, 212 are from Philadelphia, 52 from Pittsburg, 15 from Reading, 7 from Scranton, 7 from Erie, 8 from Harrisburg, 6 from Lancaster, 4 from Lebanon, 6 from Meadville, 7 from Norristown, 8 from Washington, 4 from Williamsport. Other States represented are New Jersey 9, Maryland, Virginia, Ohio, Vermont, New York, Texas, Washington, D. C., Iowa, North Carolina, Colorado, Oklahoma.

ALBERT E. BLACKBURN, M. D.
Secretary.

Miss Mabel Jacques who has for some years been connected with the Visiting Nurse Society of Philadelphia, Pa., has resigned her position and will go to Buffalo, N. Y., to start tuberculosis classes for the District Nurses' Association in that city. A short time ago Miss Jacques was asked to go to Buffalo and give some talks on the value of the trained nurse in tuberculosis and the forming of tuberculosis classes. She remained three weeks and addressed audiences in every section of Buffalo and of every condition of people, arousing great interest. During her stay she was invited to read a paper before the Academy of Medicine, and was the first woman who had ever addressed that body. She was urged to return and take up the work, which she finally consented to do. Miss Ada B. Shaw, who was superintendent of the hospital at Meadville, Pa., for a number of years, has been made superintendent of the Buffalo District Nurses' Association.

In the Eleventh Baptist Church, Philadelphia, graduating exercises were held by the training school of the Women's Homeopathic Hospital, November 23. The address was delivered by Rev. Charles C. Pierce and Miss Edna Bechtel was the valedictorian. Those receiving diplomas were the Misses Edna Bechtel, Nina Miller, Edna Meiser, Armenia Leez, Arbella Magee, Kathryn Miller, Lucy Keenan, Emma Wierdrod and Minnie Ellis.

At a meeting of the members of the Graduate Nurses' Association of Blair County, Altoona, held December 1, in the Y. M. C. A. parlors, officers for the year which begins January 1 were elected and the annual banquet of the association was held. The election resulted as follows: President, Miss Olive M. Bayer, head nurse at the Nason Sanitarium at Roaring Spring; vice-president, Miss Carrie O. Lee; secretary, Sarah Reading; treasurer, Miss Saner; board of directors, Miss May I. Wharton, Mrs. McFarland and Miss Moore; membership committee, Misses Wharton, Houser and Myers.

The Allegheny General Hospital Nurses' Alumnae Association held its regular monthly meeting November 8, at the Nurses' Home, at 16 East Worth avenue. After the transaction of business the meeting was made merry by

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*The highest point reached
in clean-home helps*

WORKS WITHOUT WASTE

CLEANS SCOURS POLISHES

the announcement of the marriage of four of its members, the birth of a son to one and the serving of delicious refreshments by members of the household. The wee boy arrived October 23 at the home of Rev. and Mrs. Frank Patterson, Greensboro, Pa. Mrs. Patterson was Miss Bessie Stephenson, of Class 1906, and is considered ideal for the position she now occupies.

Miss Dora P. Webb, of Class 1906, stole a march on her friends in September by becoming the wife of Mr. Charles Peterson, and was settled in her cozy home at Aspinwall, Pa., before her friends knew she had any intention of doing so.

Miss Winona Marquis, of Class 1896, also surprised her friends in September by becoming the bride of Mr. George Knauff, of Bellevue, Pa. Miss Mildred Stotler, of Class 1907, was married at her home, October 28, to Mr. Harry Pride Beigley. The name of the fortunate man that won the hand of Miss Mary E. Ramsey, of Class 1906, has not yet been learned.

The December meeting of Allegheny General Hospital Nurses' Alumnae Association was held at the Nurses' Home at 1224 Arch street. All of the officers of the association were re-elected for the new year. Miss Rose Corbett, president; Miss Marie Hanlin, vice-president; Miss Catherine J. Clover, treasurer; Miss Lenna Mathews, recording secretary; Miss Isabel Chaytor, corresponding secretary; Mrs. George Swearingen, chairman sick committee.

The marriage of two of the members and the death of one were reported.

All other business was carried over and the evening given to a musical program arranged for by Miss Ada Jones and carried out by five of her friends, Miss Frances Grundy, Misses Gretchen, Beatrice and Elaine Morrow and Mr. Morrow. The music was very good and thoroughly appreciated by all members present.

An invitation to hold the next meeting at the Nurses' Home at 1209 Resaca place, was accepted before adjournment.

Miss Nellie Ullery, of Class 1909, was married to Dr. Ralph Whitaker, November 24, at her home in Altoona, Pa. Dr. and Mrs. Whitaker have returned from their wedding

trip and are now located in their new home at Williamsburg, Pa.

Miss Alberta Webb, of Class 1909, was married to Mr. Howard Moore, November 19, at Butler, Pa. Mr. and Mrs. Moore are taking a wedding trip through the eastern cities.

Mrs. Wm. Peacock, formerly Miss Anna Johnson, of Class 1896, died at her home in Seattle, Wash., after a short illness. Mrs. Peacock leaves a husband, two children, a father, three sisters and a brother to mourn her loss.

Much anxiety was added to Mr. Peacock's grief by having one of the children become very ill while accompanying Mrs. Peacock across the country from Seattle to her old home at Rochester, Pa., for burial. The child became so ill and symptoms were present which led the physician in charge to fear a contagious disease, but fortunately the child responded quickly to treatment, though Mr. Peacock had much trouble to prevent being held in quarantine in Chicago.

Miss Robina Stewart, our superintendent of nurses, has returned to her post of duty after an absence of six weeks on account of illness. We are much pleased to have her completely restored to health.

Miss Cora Lash, one of our head nurses, has been called home to care for her sister, Miss Anna Lash, who is suffering from a complete breakdown after a number of years of private nursing. Our best wishes are with her for a speedy and complete recovery.

Miss Helen Hendrickson left Pittsburg December 3 with Miss Whitton to spend the winter in California.

A bronze tablet was unveiled December 7 at the Philadelphia Hospital in the presence of several hundred physicians. On the tablet is inscribed the following:

"To the memory of Thomas J. Owen, 1838-1908. For thirty years head nurse of the men's medical floor of the Philadelphia General Hospital. Erected by his friends, the ex-resident physicians, November, 1909."

Dr. Roland C. Curtin made an address preliminary to the unveiling of the tablet, in which he rehearsed the attainments of Mr. He said in part:

"At this meeting and this time we have a very unusual and gratifying act to perform—that of honoring the memory of a faithful

ANTIKAMNIA PREPARATIONS

ANTIKAMNIA & SALOL TABLETS

Hare says "Salol renders the intestinal canal antiseptic and is the most valued drug in intestinal affections." The anodyne properties of antikamnia in connection with salol render this tablet very useful in dysentery, indigestion, cholera morbus, diarrhœa, colic, and all conditions due to intestinal fermentation.

ANTIKAMNIA & CODEINE TABLETS

Especially useful in dysmenorrhœa, utero-ovarian pain, and pain in general caused by suppressed or irregular menses. This tablet controls the pains of these disorders in the shortest time and by the most natural and economic method. The synergetic action of these drugs is *ideal*, for not only are their sedative and analgesic properties unsurpassed, but they are followed by no unpleasant effects.

The efficacy of this tablet in all neuroses of the larynx is also well known. In coughs and colds, coryza and la grippe they will always be found of inestimable value.

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Food That Fortifies

The special, fortifying food that gives strength and force through its pure blood-making qualities is

Scott's Emulsion

of Cod Liver Oil. It is the best food-medicine for building up a Tuberclosis patient and is properly given in connection with any other treatment.

Scott's Emulsion always benefits those who take it. The sick are made strong and the well add to their endurance.

man, Thomas Owen. He was well known to most, if not all, of you.

"In all the long history of this institution, dating as far back as 1731—178 years—there has been placed in the Philadelphia Almshouse and Hospital only one memorial. That one was erected in loving memory of the distinguished chief resident physician, Daniel E. Hughes.

"To-day the ex-resident physicians of the Philadelphia General Hospital, at their yearly meeting, unite to do honor to a man who, though not a college graduate, was a brave soldier in the Union Army in the Civil War. He was faithful in war and faithful in peace. He was born in 1838, and came to Blockley in 1877, and died at his post on Christmas Day, 1908. He served for thirty years, on duty night and day, in sickness and in health. He was seldom absent from his office in the medical wards, and then for only a small part of a day. It is our privilege to honor so good and faithful a man."

The Philadelphia Club for Graduate Nurses held a bazaar December 2 and 3, at the club house, 922 Spruce street. Proceeds for the benefit of club house and Central Registry.

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New Jersey.

The Visiting Nurses' Settlement of Orange is about to issue its ninth annual report. All interested should know of the work and, when possible, avail themselves of the privileges of the Settlement.

For the benefit of those who have received a diploma from a recognized training school is offered a three-months' post-graduate course in visiting nursing. Any one desiring further particulars may address Miss Honora Bouldin, 24 Valley street, Orange, N. J.

The settlement has been fortunate in adding to its corps of workers Miss Toblemann, a graduate of Moabit Hospital, Berlin, as night nurse. This addition relieves the student nurses of regular night work.

Through the kindness of friends has been arranged, in conjunction with the Orange Social Settlement, the following course of lectures:

Friday, Nov. 26, 8:30 p. m.—"Efficiency," Dr. Richard D. Freeman, at the Nurses' Settlement.

Friday, Dec. 3, 8 p. m.—"Facts about Child

Life in a Big City," Mr. Roy Smith Wallace, of New York, at the Social Settlement.

Tuesday, Dec. 14, 8 p. m.—"Some Unique Features of English Social Settlements," Mr. B. J. Newman, at the Nurses' Settlement.

Friday, Jan. 7, 8 p. m.—"The Public Health," Mr. Selskar Gunn, at the Social Settlement.

Tuesday, Jan. 18, 8:30 p. m.—"Medical Emergencies," Dr. Ransom, at the Nurses' Settlement.

Thursday, Feb. 10, 3:30 p. m.—"Popular Education in Dietetics and Economics," Miss Winnifred Gibbs, at the Nurses' Settlement.

Friday, Feb. 25, 8 p. m.—"The Underlying Social Motives of the Settlement," Mr. Henry Moskowit, at the Social Settlement.

Friday, March 11, 3:30 p. m.—"Principles of Relief," Miss Knevels, at the Nurses' Settlement.

Friday, March 25, 8:30 p. m.—"Medical Lecture, Dr. Cater, at the Nurses' Settlement.

Friday, April 8, 3:30 p. m.—"Nursing in Tuberculosis," by nurses engaged in the work, at the Nurses' Settlement.

Friday, April 29, 8:30 p. m.—"The Care of Children," Dr. Potter, at the Nurses' Settlement.

Friday, May 6, 4 p. m.—"School Nursing," Miss Moore and Miss Jack, school nurses, at the Nurses' Settlement.

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Massachusetts.

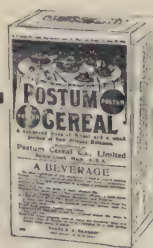
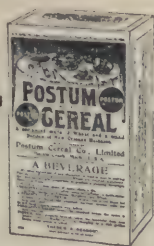
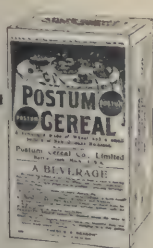
The graduating exercises of the Newburyport Homeopathic Hospital Training School for Nurses were held at the home of Dr. G. W. Worcester, November 4.

Dr. G. W. Worcester, president of the Board of Trustees, presided, and in his introductory remarks referred to the work that has been done at the hospital and is now steadily increasing.

The address to the nurses was delivered by Dr. Nathaniel W. Emerson, of the Emerson Hospital, Boston, and was replete with advice and encouragement for the young ladies who were about to enter on the practice of their profession.

Then followed congratulatory remarks and presentation of the hospital pins by Miss C. B. Peck, superintendent of the hospital. An impressive feature was the acceptance of the Hippocratic oath.

Diplomas were presented to the class by Dr. Worcester.



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Go to make up the basis of success (during fourteen years of cumulative experience) of that wholesome, harmless and nourishing table beverage known under the convenient and distinguishing trade-name—

POSTUM

- 1—When properly brewed (according to directions on the pkg.) and taken hot, with good cream, it is a most agreeable drink.
- 2—Made of clean hard wheat and a small percent of pure molasses, it contains no coffee, and hence is free from the harmfulness of coffee or tea, which contains the habit-forming alkaloid—*caffeine*.
- 3—Postum fills the universal demand for a hot beverage, and makes the change from coffee and its attendant ills an easy matter. It is thus a therapeutic adjuvant when the physician is called on to interdict coffee.

The "Clinical Record" for physicians' bedside use, with name stamped in gold letters on cover, will be sent to any physician who has not already received a copy. Also, prepaid sample box of postum and grape-nuts for clinical experiments.

Postum Cereal Company, Ltd., Battle Creek, Mich., U. S. A.

The house was charmingly decorated with chrysanthemums. Light refreshments were served, while the mandolin club furnished music.

The graduates were Helen Foster Pearson, Anna Hale White, Emma Melissa Patterson, Annie May Stevens and Charlotte Brownson Cutter.

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New Hampshire.

The Exeter Hospital Training School graduated its first class of nurses November 17, the exercises being held in Unity Hall before a large audience, and an extremely interesting program was carried out.

The graduates are Misses Annie T. Brown and Clyde A. Lindsay, of Carroll, Me.; Vera M. Bogle, of Eastport, Me.; Nellie Dollery, of Laconia, and Margaret P. Henderson, of Toronto. Of this class Miss Bogle returns to become assistant superintendent of the hospital.

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Connecticut.

The regular monthly meeting of the Alumnae Association of the Connecticut Training School for Nurses, New Haven, held at the nurses' dormitory, was the largest attendance of any held in some time, twenty-four being present. After the reading of the minutes, Mrs. M. J. C. Smith, chairman of the committee revising certain sections of the by-laws, read the committee's report. After voting by ballot on each section the report was accepted. Mrs. J. Marsh reported, as chairman of the delegates' fund, thirty-four dollars raised at the rag social and supper given at her home. After the close of the business meeting Mrs. Prudden, of the visiting nurses, gave a talk on the Red Cross Christmas Stamp. Also asking for nurses to volunteer to sell the stamp at post offices Christmas week, nurses to be dressed in their uniforms. Mrs. Marsh, Misses Lanfare, Payne, Ryan and Downes were among those who offered their services. The proceeds are to be used to fight tuberculosis. It is with regret for the association that we chronicle the departure of one of the most faithful members, Miss Rose M. Heaven, to take charge of a hospital at Albany, N. Y. Miss Heaven has best wishes for success in her new position. We hope all our friends will keep in mind our fair next November. We will be glad to receive at any time anything our friends and graduates wish

to send, and take care of them until the great event. Dolls dressed in the uniform of other schools would be very acceptable and gratefully acknowledged by Miss Payne, or if sent to 122 Dwight street, or 16 York square to Miss A. C. Lanfare.

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Indiana.

The State Board of Nurse Examiners completed the third annual examination at the State House, Indianapolis, November 18. Thirty-three applicants were examined. Within a few months the State Board expects to have a classified list of all nurses practicing in the State.

The following young women were graduated from the Lutheran Hospital Training School for Nurses, Ft. Wayne, November 24: Sylvia S. Schaufele, Anna E. Bruer, Sevilla S. Denninger, Wilhelmina E. Bruggemann, Viola E. Kirschke, Karoline Raquet, Maude S. Sheehan, Hedwig Braatz, Elva A. Miller, Martha C. Schneider, Bertha Schmidt, Theresa W. Koth.

Miss M. Lundy is principal of the school.

The senior class at Hope Hospital, Ft. Wayne, gave a dinner on the evening of November 20 to the graduate nurses. Covers were laid for eighteen guests.

A class of eight nurses was graduated from Hope Hospital, Ft. Wayne, November 22. The following young women received diplomas:

Miss May Avery, Hillsdale, Mich.; Miss Irené Margaret Ellis, Sarnia, Ont.; Miss Frances Lillian Steele, London, Ont.; Miss Sarah Gladys Young, Dayton, O.; Miss Myra Carr, Sarnia, Ont.; Miss Nora Wynona Koehler, Van Wert, O.; Miss Elizabeth DeLong, Roanoke, Ind.; Miss Tillie Catherine Reidenbach, Van Wert, O.

The class colors are old gold and lavender, and the flower is the violet. The class motto is "Be Faithful and Courageous."

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Illinois.

Mrs. Mary P. Ringland, formerly head nurse at Blessing Hospital, Quincy, Ill., and now visiting nurse in Chicago, is at the head of the band of trained nurses who went from Chicago to Cherry, Ill., to help the mine disaster sufferers.

CHRONIC INVALIDISM

is as often due to hemolytic states as to other conditions. In such cases, General and Cerebral Anemia is a distinct operative factor.

Pepto-Mangan (Gude)

by virtue of its hematinic power, often lays the rational foundation for a quicker recovery.

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Samples and
Literature upon
Application.

M. J. BREITENBACH CO.
NEW YORK, U. S. A.

Our Bacteriological Wall Chart or our Differential Diagnostic Chart will be sent to any Physician upon application.

A Drink in Fevers

A teaspoon of Horsford's Acid Phosphate added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemon ade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

There has been great dissatisfaction in Chicago over the relief work of the National Red Cross in connection with the Cherry mine disaster. An investigation was carried on under the direction of Alderman Scully and Representative Carmak. As a result of the investigation, a meeting of the Chicago Relief Committee was called with a view of taking part of the \$90,000 contributed out of the hands of the Red Cross agents in order that the relief work may be carried on by practical men.

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Michigan.

The first meeting of the State Board of Registration of Nurses was held in Lansing December 10, and the following officers were elected:

President, Miss Elizabeth G. Flaws, Grand Rapids; vice-president, Mrs. Elizabeth Tacey, Detroit; secretary, Dr. F. W. Shumway, Lansing.

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Virginia.

The tenth annual convention of graduate nurses of Virginia will be held at Murphy's Hotel, Richmond, Va., January 25, 26 and 27, 1910. All members are cordially invited to attend. Special rates have been secured from Murphy's Hotel, where meetings will be held, and all who expect to attend will please address Mrs. Charles W. Eaton, 2517 West Grace, Richmond, Va., for rates and further particulars.

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Births.

On November 4, a little daughter arrived at the home of Dr. and Mrs. J. F. Adamson, of Innisfell, Alberta, Can. Mrs. Adamson was formerly Miss Agnes McKerron, of the Children's Hospital, Toronto, and Memorial Hospital at New York City.

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Married.

At Sioux City, Iowa, October 30, Miss Cornelia Palmer to Mr. Frank De Messerman. Mrs. De Messerman is a graduate of the Samaritan Hospital, Sioux City, the bridegroom a clerk in the postal service. They will live in Minneapolis.

The marriage of Miss Frances M. Reyner, of Broken Bow, Nebraska, to Mr. Willis

Webb Taylor, on December 8, 1909, has been announced. Miss Reyner was formerly at Dr. Bailey's Sanitarium, Lincoln, Nebraska, and is also a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa.

At Beaver, Pa., July 28, by the Rev. John W. Langdale, of the M. E. Church, Miss Emma Ione Kinter, of Punxsutawney, Pa., to Mr. Vernon L. Meyers, of Dayton, Pa. The bride is a graduate of the Adrian Hospital, Punxsutawney, Pa. At home at Cogswell, North Dakota.

At Jeffersonville, Ind., July 27, 1909, Mrs. Nellie Speed Armstrong, of Bristol, Tenn., to Norman P. Ream, of Chicago, Ill.

At Evansville, Ind., December 1, Miss Rose Shellen, to Dr. W. C. Ramsey, of Mt. Vernon, Ind.

At Richmond, Ind., Miss Lucy North Barnett to Dr. Herman Louis Krelschner.

At Elgin, Ill., November 18, Mrs. Josephine Kyle to Mr. Charles Mann. At home at Tacoma, Wash.

At St. Louis, Mo., November 19, Miss Flora A. Frick, superintendent of nurses at Josephine Hospital, to Mr. Paul V. Rozier, of De Soto, Mo.

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Personal.

Miss Elizabeth J. Staples, of Toronto, Canada, has accepted a partnership with Miss L. Ellen Harrison in "The Harrison Hospital," of Chanute, Kan. Miss Staples and Miss Harrison are graduates of Wesley Hospital, Chicago, Class of 1902. Miss Harrison has been in charge of the hospital for over three years.

Mary E. Foss, a graduate of the Massachusetts General Hospital and Boston Lying-in, has gone to Philadelphia to take a course at Pennsylvania Orthopaedic Institute and School of Mechano-Therapy.

Miss Freida Heilman, of Helena, formerly of Mary Thompson Hospital, Chicago, is traveling with a patient through California, and expects to spend the winter there.

Clinical

**FUNCTIONAL
NERVOUS DISEASES**

A large proportion of all nervous disorders can be traced to faulty nutrition. To effect their prompt and permanent relief

Gray's Glycerine Tonic Comp.

is of exceptional therapeutic value. This powerful tonic stimulates functional activity throughout the body and substantially aids the absorption and assimilation of nutriment. Nervous affections of functional origin usually disappear as the normal nutritional index is re-established. Samples on request.

THE PURDUE FREDERICK CO.
298 Broadway, New York

Notes

Antithermoline

**Relieves
Local
Pain and
Inflammation**

(Apply Externally)

**TRIAL
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NOW SUPPLIED IN GLASS JARS
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5 oz.	Glass Jars - \$.25	1 3/4 lb.	Glass Jars - \$1.00
11 "	" " - .50	5 "	" " - 2.25

G. W. CARNRICK CO.
42 SULLIVAN ST., New York City

Ernest E. Ware, of New York City, a graduate nurse from Mills's Training School, Bellevue Hospital, New York City, has gone to Philadelphia to take a course in the Swedish system of massage, medical and corrective gymnastics, electro- and hydro-therapy at the Pennsylvania Orthopaedic Institute.

Miss Jane A. Delano, superintendent of the Army Nurse Corps, recently addressed the members of the Illinois State Nurses' Association at Chicago on Red Cross and Army Nursing.

Mrs. Mary Girard, a nurse at the Southern California State Hospital, Los Angeles, was thrown from her horse and sustained internal injuries.

Miss Mattie Priest has been elected visiting nurse at Henderson, Ky., by the Anti-Tuberculosis Association.

Miss Jane Adams is seriously ill from blood poison contracted while nursing the late Judge Joseph Chambers at Cincinnati, Ohio.

Miss Eliza Johnson has been appointed head nurse at the City Hospital, Louisville, Ky.

Miss Elizabeth O. Shaugnessey, of Somerville, Mass., a graduate of Carney Hospital Training School for Nurses, Class 1904, and a member of the alumnae association, entered the Order of Sisters of Charity at Madison, N. J., October 15, 1909. Since her graduation she has devoted her time to private nursing throughout Boston with great success. She has taken with her the very best wishes of her numerous friends.

Miss Ellen G. Cartledge, in charge of the mechanical department of the Panto Sanitarium, Lynchburg, Va., has been appointed to give a course of physical education at the Van Dyke League in Lynchburg.

Miss Cartledge is a graduate of St. Luke's Hospital and received her course in physical education at the Pennsylvania Orthopaedic Institute, Philadelphia, Pa.

Miss Louise H. Guthberlet, of Springfield Hospital Training School, who entered the army service last April, having been stationed at the Presidio, San Francisco, has been or-

dered to sail for the Philippines December 6, on the U. S. A. transport Logan.

Obituary.

At Bloomfield, Iowa, November 24, occurred the death of Miss Charlotte Jane Gibbs, the funeral taking place from Shelton Hospital, where Miss Gibbs was employed as a nurse twenty-five years, the services being in charge of the Order of the Eastern Star Lodge, of which Miss Gibbs was a prominent member.

Mrs. Carolyn P. Tillotson, a graduate of Faxon Hospital, Utica, N. Y., died at that institution November 17.

Miss Laura E. Fox, a graduate of the Homeopathic Hospital, Albany, N. Y., died at that institution November 26.

Mrs. Agnes D. King, a well known trained nurse, of Springfield, Mass., died November 20, at Springfield Hospital, of disease contracted while nursing a patient.

Miss Cora E. Flexser, of Columbus, Ohio, died on November 27. Miss Flexser had been working on typhoid for some months before contracting the disease. Finally she was called to a well-to-do family in the country, where she had three typhoid patients on the second floor. She had been overworked when she took charge here, where she had to carry water and everything needed upstairs. The people were instructed to disinfect all stools and discharges, and promised to do so, but did not. Miss Flexser was on constant duty and overworked, and when too late found out that the stool had not been disinfected, but thrown on the ground between the back door and an open dip cistern. There were no screens in doors or windows and the entire place swarmed with flies.

After being taken sick, because it was almost impossible to get nurses, she remained and worked a week, until she collapsed and was carried out. Several members of the family died, and her life—bravely given up in her loyalty to her patients—is sacrificed to the ignorance, stupidity and criminal carelessness of the people.



For the baby who cannot be nursed.

On what are you going to feed your baby?

Cow's milk?

Yes, but not cow's milk alone. That is too strong for your baby, he cannot digest it.

Add Mellin's Food to the milk and then you can give it to him.

Such food has all the life-giving principle of vitality, because the milk used is not cooked but fresh. It is easily digested because the tough curd of the cow's milk is broken up by the Mellin's Food and made light and flocculent like that in mother's milk.

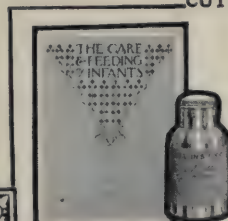
It is all nourishing because the Mellin's Food supplies the food elements that cow's milk lacks to make it perfectly suited for baby's development.

When you feed your baby on fresh milk prepared with Mellin's Food you are not experimenting, you are giving him the most practical and at the same time the most scientific food that has yet been devised for the baby who cannot be nursed.

Send to us for a Trial Size Bottle of Mellin's Food. It will be sent you, free, together with some helpful literature. Please use the coupon.

Mellin's Food Company,
Boston, Mass.

CUT OUT



MELLIN'S FOOD CO., 43
Boston, Mass.

Please send me a copy of
"The Care and Feeding of
Infants," and a Trial Size Bot-
tle of Mellin's Food.

My baby is _____ months old.

New Remedies and Appliances

From a Great Singer.

Milan, March 17, 1908.

I have been using your Evans' Antiseptic Throat Pastilles for some time past, and I can vouch for their surprising efficacy.

G. MARIO SAMMARCO.

+

Scurvy.

The use of Horsford's Acid Phosphate is strongly recommended as a preventive of this disorder, because it supplies to the system the very phosphates that are extracted from the beef by the action of the brine, the lack of which is undoubtedly the main cause of the disease.

+

Best Ever Used.

Lincoln, Neb., July 7, 1909.

OGDEN & SHIMER, Middletown, N. Y.

Dear Sirs—Enclosed find 25 cents in stamps, for which please send me a jar of your Mystic Cream. I had a sample and think it the best cream I ever used.

Yours respectfully,

MRS. D. H. TAYLOR.

+

Don't Forget

That the real basis of the successful treatment of all non-specific skin diseases (and even in specific cases it plays a most important role) is elimination and disinfection—measures taken to remove and prevent causative autoinfection, the recognized cause of the great majority of all dermatoses.

To "clean out, clean up and keep clean" applies here with the greatest force, and saline laxative, salithia, the sulphocarbolates, calcium sulphide and boldine with alnuin and cathartic liver stimulants are the remedies of choice.

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Beneficial for Children of All Ages.

Not only in the preparation of whey for modified milk for the tiny baby and in making Junket pudding of whole milk for children over one year old, are the Hansen Junket Tablets indispensable, but it may be

advisable to add a solution of the tablets to the diluted milk in the bottle for the three to nine months old baby as well. The rennet aids in the digestion also without visible coagulation.

+

The Soothing of a Rasping Cough.

The soothing of the rasping cough of bronchitis, without resorting to some form of opium, is one of the features of daily practice that will contribute to a doctor's success. For relieving this harassing cough Cordial of the Extract of Cod Liver Oil Compound (Hagee) is being largely prescribed, and with the fullest measure of success. It is particularly adapted for use in these bronchial catarrhs, not alone for its relief of the urgent symptoms, but also by reason of its protecting influence against further extension of the bronchial inflammation and chronicity.

+

Cacao Des Azteques.

A most nutritious preparation; indispensable as an article of diet for children, convalescents, ladies and delicate or aged persons. It is composed of the best nutritive and restoring substances, suitable for the most delicate system. It is now a *favorite breakfast beverage for ladies and young persons*, to whom it gives freshness and *embonpoint*. It is *free from the exciting qualities* of coffee and tea.

Made by Walter Baker & Co., Ltd.

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Nazeptic Wool (Sharp & Dohme).

A leading eye, ear and throat specialist recently sent the following very gratifying letter about this product:

"I am satisfied that your preparation is the result of very skillful and successful pharmacological work, for I have been experimenting myself along just such lines as led to your success. I do not know of any preparation on the market to-day which can be placed even in the same class with yours. As to the efficiency of the combination, that is common knowledge, so I can give you no further praise."

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THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months Tuition Fee, \$75.00

Course in Electro-Therapy

Term: 2 Months Tuition Fee, \$25.00

Course in Hydro-Therapy in all its Forms

Term: 6 Weeks Tuition Fee, \$30.00

Winter Classes open in Two Sections: JANUARY 12th and MARCH 22nd, 1910

OVER 9000 TREATMENTS GIVEN IN 1909

No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Spring Classes open May 17th, 1910. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

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HOWARD T. KARSNER, M.D. } (Instructors University
HOWARD A. SUTTON, M.D. } of Pennsylvania).

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ELDRIDGE L. ELIASON, M.D. (Instructor University of Penna.).

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

MAX J. WALTER (Univ. of Penna., Royal Univ. Breslau, Germany, and lecturer to St. Joseph's St. Mary's, Philadelphia General Hospital (Blockley), Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc.)

HELENE BONDORFF (Gym. Ins., Stockholm, Sweden).

LILLIE H. MARSHALL } (Pennsylvania Orthopaedic

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40 Years the Standard of Efficiency.

Instantly Stops that everlasting Smarting, Aching and Foot Weariness. Dissolves Corns and Callouses. Soothes and removes Bunions and all Inflammations. Relieves and Prevents Excessive Perspiration. A triumph of medical skill. Worked out by William Johnson, graduate of the London Chemical Laboratory. One cake will demonstrate it. Buy a cake today and know what Foot Comfort means.

Large cake, 25c. All druggists. Samples free on request.

Money Back if Not Satisfied.

WILBUR A. WELCH, Sole Distributor, - 905N Flatiron Building, New York

Serious Results

Often attend the neglect of those places about the home where unsanitary conditions mean sickness and disease. Without exception, the best preparation known to science to maintain absolutely sanitary, healthy conditions is Cabot's Sulpho-Naphthol, the ideal disinfectant, deoderizer and purifier.

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Letter from Her Mother.

Thanks, doubtless, to our constant use of Resinol Soap, Janet's skin is smooth and pink. She has abundant hair—more golden than brown—and eyes that exactly match. She is a large, fine child in model and coloring, and undoubtedly what a physician has called her—a perfect physical specimen.

May I add a word for Resinol Salve? It cured a six months old, obstinate and spreading eczema upon my 10-year-old boy's leg, and it has now become a household remedy with us.

MRS. WM. C. WARD.

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Maillard's Cocoa.

Not all cocoa is equally beneficial to invalids, as every trained nurse must have discovered from experience. The nutritive quality and ease of assimilation of cocoas depend on the quality of the bean, the method of manufacture and whether the resulting product is free from admixture or not.

Maillard's Cocoa has stood the test of over sixty years' use and has proved to be superior in every respect. The beans are not only the best grown but are carefully selected, and, by the perfected process by which the cocoa-powder is prepared, the beverage is exceedingly smooth, very appetizing and easily digested. As a liquid food of great nutritive value, Maillard's Cocoa is highly commended.

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Thirty Years' Experience.

Horlick's Malted Milk Company are the originators of Malted Milk, and if you desire to obtain the benefits of their manufacturing experience of over a third of a century, do not fail to specify "Horlick's" when ordering Malted Milk for any case. Their plant is the largest and best equipped in the world for this work, favorably located in the country with ideal sanitary surroundings. Its sun-flooded departments are clean and hygienic and every detail is carried out under the supervision of experienced operators, in a scientific manner.

Daniel's Passiflora.

Daniel's Concentrated Tincture Passiflora Incarnata is non-accumulative and does not depress the action of the heart. It displays none of the dangers of chloral and the uncertainties of sulphonal. In cases of insomnia and in the withdrawal from opium, alcohol or chloral habits. Passiflora is found to be of exceptional value. For restless and nervous patients, prescribe Passiflora regularly. After two or three doses have been given the nervousness will be perceptibly decreased, and within a short time natural and refreshing sleep will follow.

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"Ergoapiol" (Smith).

We desire to call the attention of the medical profession to a new pharmaceutical product possessing valuable therapeutic virtues in many diseases peculiar to women. This remedy is known as "Ergoapiol" (Smith), and since its introduction to the profession it has rapidly gained favor with our best physicians.

It is the result of an original combination of the following remedies; apiol, ergotin, oil of savin, and aloin, all of which are freed from toxic and deleterious substances. These agents are blended in such proportions as to overcome the powerful irritating qualities of each and raise the tonic properties of all.

C. W. CANAN, B. S., M. D., Ph. D.

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If there is anything you want in the way of high-grade hospital furniture or supplies, or anything in the way of nursing material and appliances, we have it. Moreover, our goods are of the best quality, and our prices are very reasonable.

If you would get the best there is in this world, you must not wait for it to come to you; you must use a little initiative and look around. This applies in every condition of life. If you want the best nursing supplies, do not be content with what you have, but look around for something better. Give us a chance, for instance, to quote you prices and send you descriptive literature.

By the way, have you seen or heard of our Presbyterian hospital nurse's case? It costs \$10, but it is worth \$20, and will last a lifetime.

THE MAX WOCHER & SON COMPANY,
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Junket Brand

Buttermilk Tablets

are now ready for the market. Ask your Druggist for them and make your own "Buttermilk" or "Lactic Acid Milk" at home.

Pure, Wholesome, Refreshing.

**15 tablets for 25c
or 75 tablets for \$1.00**

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Box 1706, LITTLE FALLS, N. Y.

Every Nurse Needs Psychotherapy

REASON WHY
NO. 3

Because it aids efficiency

The doctor cures a patient's body, but the nurse must heal the mind. And there is no disease in which the state of the sufferer's mind is not a vital factor.

The nurse who knows Psychotherapy shares influence, authority and rewards with the physician. She is in greater demand because fully equipped. Some of the best institutions—like Bellevue Hospital, New York, and St. Luke's, San Francisco—are now teaching Psychotherapy as a fundamental aid to nursing. The trend of the times is all that way.

SPECIAL OFFER. Write to-day, enclosing your professional card, and we will mail you the splendid article on "Psychotherapy in America," by Dr. Richard C. Cabot, of Harvard Medical School. This is the first of a series which every nurse of ambition will want to own.

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"IN and OUT" Register for Nurses

Made of oxidized brass, with wood frame; the movable "In and Out" features show in red and blue. Each board constructed special to order. Write for full information.

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A New Syringe

That has simplified
and made practically painless and absolutely
accurate the operation of hypodermic injection.



embodies every modern idea of perfect sanitation and asepticism and is equipped with a simple, automatic device by which the needle is introduced accurately, promptly, without the slightest pain to the patient and without regard to the steadiness of the operator.

Mechanically perfect—no washers used—nothing to get out of order. A convenience worth many times its cost.

The outfit consists of two washerless air-tight needles in protected case with extra wires—6 tablet vials—and one Auto-Hypo Syringe, packed in a neat Aluminum or German Silver Case. Price \$5.00. Special vest pocket size, \$4.00. Write for booklet.

CHAMBERLAIN-QUARLES CO. Washington, D.C.

Worth Seeing.

The plant of the Defender Manufacturing Company's Sheets and Pillow Cases, advertised on page 87, is one of the greatest industrial exhibitions the metropolis has to offer. It is operated under the highest possible conditions of hygiene and every possible contrivance and accommodation for the care and well-being of its employes is to be found in it. Any member of the nursing or medical profession caring to inspect this factory at Avenue C, 13th to 14th streets, New York, may obtain permission to do so by writing the H. B. Claffin Company, New York. Their visit will be amply repaid by a most interesting insight into the splendid methods employed, in many instances exclusively, by the Defender Manufacturing Company.

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Pleasant, Refreshing, Beneficial.

Syrup of Figs and Elixir of Senna appeals to the cultured and the well informed and the healthy because its component parts are simple and wholesome and because it acts without disturbing the natural functions, as it is wholly free from every objectionable quality or substance. In its production a pleasant and refreshing syrup of figs of California is united with the laxative and carminative properties of certain plants known to act most beneficially on the human system when its gentle cleansing is desired. To get its beneficial effects always get the genuine. For sale by all reputable druggists. The name of the company—California Fig Syrup Company—is always plainly printed upon the front of every package of the genuine.

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New Alumnae Association.

The School of Medical Gymnastics and Massage, in New York, is now in its second year of existence. The students have formed an alumnae association which intends to promote the good work done by the school.

Over 300 massage treatments were given last month, besides hot air treatments, vibration and medical gymnastics.

Students may also register for a course in hydro-therapy. Three physicians give lectures on anatomy, physiology and the principal points in pathology.

The Fall class graduated December 7, 1909.

GUDRUN HOLM, M. D.,

61 East 86th Street, New York.

Why Use Morphia?

In almost all the cases of pain except, perhaps, those of the gravest surgical character, the exhibition of one of the approved derivatives of the coal tar series will be found amply sufficient in its anodyne and analgesic character to obtund all of the pain symptoms. Indeed, it is a matter of record that in the celebrated case of Barry, treated by Dr. A. V. L. Brokaw, professor of anatomy and surgery, Missouri Medical College, and surgeon to St. John's Hospital, where a thoracic wound, thirteen and a half inches in length, penetrating the lung cavity, was the feature, antikamnia tablets were used for the relief of pain.

+

"In and Out" Register.

The construction of the Hospital "In and Out" Register for Nurses, as far as the "In and Out" feature is concerned, is identical with our style D-E for physicians. We have found, however, that for the purpose of registering nurses a larger card is desirable, and particularly one where the name only will show. The other desired information, such as where the nurse is on duty and the time she will be relieved, is on that portion of the card which is dropped out of sight in the pocket.

This feature is admirably brought out in a pocket of oxidized brass, which holds a card 1½ inches wide by 3½ inches long; 5⁄8 inch of the card, on which is written the nurse's name, being exposed above the pocket, the remainder of the card dropping out of sight.

This is the proper method, and is being rapidly adopted by the different hospitals.

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Unguentine.

(Reprinted from Ellingwood's Therapeutist, April 15, 1909).

This is the first proprietary remedy I ever used or recommended. But having gotten such satisfactory results in treating an extensive burn, I felt it my duty to call the attention of the profession to its use for this purpose. The case was one of scald from steam. The denudation extended from the occipital protuberance to the buttocks, involving one-half of the back.

The case had been in the hands of another physician for a week and anodynes were being used to control the pain. I first resorted to the usual eclectic treatment, but with little

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1908 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and co-ordination exercises.

The instruction will occupy about seven months, beginning in October, 1909. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechano-therapy or separately.

This course last four months, and the fee is \$25.

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One of above special bottles of
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We want you to know the value of *Glyco-Thymoline*. It stands on its merits.

Mention this Magazine.

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210 Fulton St., New York.

benefit. I then, through the suggestion of my druggist, prescribed Unguentine. The relief was so quick and the improvement so rapid that in ten days the wound was healed.

L. S. DOWNS, M. D.

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"Milk Diet" Anemia.

While it is generally conceded that milk is a complete aliment in the sense that it represents the three essential food elements, i. e., proteids, carbohydrates and fats (together with inorganic salts and water), it is equally well known that this otherwise highly nutritive fluid is exceedingly poor in iron. It is not to be wondered at, therefore, that after a prolonged milk diet some degree of Anemia is very likely to supervene.

The occurrence of such a "milk diet" Anemia seems to be, in many instances, responsible for a tardy and protracted convalescence. Such iron-poverty can be prevented by administering Pepto-Mangan (Gude) both during and after the milk diet period, thus supplying the essential iron in the most easily tolerable, non-irritant and promptly assimilable form.

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Both, and Then Some.

The Ready Reference Register, Watertown, N. Y.:

Gentlemen—Owing to the promptness with which the samples that I asked for, and later the order which I sent you, were delivered, I concluded that R. R. R. must signify "Reply Really Rushed." Now, however, after using your goods I am equally certain that they signify "Record Requirements Realized." Which is correct? Sincerely, C. E. A., R.N.

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Anemia.

A physician who has treated many cases of anemic girls writes:

"The anemic patient suffers long and is treated for many functional disturbances before the real cause is diagnosed.

"Ordinary food, medicine and hygienic measures can barely hold in check the rapid and subtle effects of this disease, much less furnish reserve strength.

"Scott's Emulsion of Cod Liver Oil quickens the action of all proper food and remedies, and is the quickest, concentrated blood-making food-medicine the anemic patient can take. Daily doses should be prescribed in all cases until the patient is fully restored."

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Modern advances in dietetics have given a place to Benger's Food that no other preparation has. It is the presentation in a practical form of enzymotic action on carbohydrate and the protein of milk, and when used in conjunction with pure, fresh milk presents a preparation that is "retained when all other foods are rejected." Its use is indicated for the following:

Infants, when necessity demands artificial feeding; children, when suffering from malnutrition; adults, when gastric troubles are present or during post-operative convalescence, etc.; invalids and the aged, when a food presenting the highest form of nutrition with the least taxation on digestive organs is indicated.

Benger's Food is the order of the doctor and the recommendation of the nurse.

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You Ought to Have One.

The Auto-Hypo is a syringe which embodies every modern idea of perfect sanitation and asepticism and is equipped with a simple automatic device by which the needle is introduced accurately and promptly, without the slightest pain to the patient and without regard to the steadiness of the operator.

If desired, the syringe can be used in the ordinary way, without bringing into play the automatic device, but once the operator has noted the ease and accuracy with which the needle can be introduced, the old, inaccurate and painful method will seem like a barbarism of the past.

The Auto-Hypo is not an experiment—it is a practical, successful, useful, every-day instrument which has come to stay. It has a large and well known house behind it. Send for illustrated booklet and prices to Chamberlain Quarles Co., Home Life Building, Washington, D. C.



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To treat you fairly and courteously—to serve you promptly—to please you or return your money.

THE THREE R's

To give you three dollars' worth for every dollar invested in them—a dollar's worth of actual merchandise, a dollar's worth of comfort and a dollar's worth of satisfaction.

Six words, "Please send samples of the R. R. R.," on a postal and signed with your name and address, will start the New Year right.

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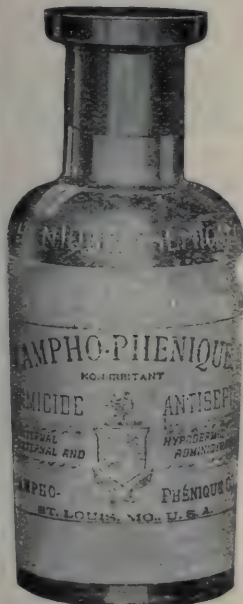
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The Publisher's Desk

The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKESIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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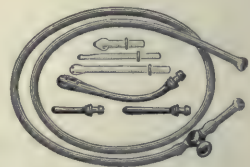
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The Trained Nurse and Hospital Review

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No. 2.

What Do Present Conditions Demand in the Way of Law and of Education for Nurses? *

R. M. PHELPS, A.M., M.D.,

Assistant Superintendent Rochester (Minn.) State Hospital.

IT is my design to devote the space of this paper to the discussion as to the proper amount of education and the proper amount of "law" that should be demanded for nurses. Many times, after a heated discussion, it has stood revealed that the whole debate had been due to a difference in initial definition—that if the debaters had made clear their starting ground there need hardly have been any debate. Admitting that—as regards the training of a nurse—there is now a debate as to whether high requirements or low requirements are most just in a law, I would first see if both sides have the same definitions; if both start from the same premises. For it is presumably the foundation truth we are after, and not to maintain any partisan position. We are also chiefly concerned with the "law" as distinct from any requirements of ambition.

I have followed some of the discussions, and think I can see that both sides do *not* have the same aim. If this is so, it would be idle to enter our discussion

till we have clear ideas of what each side wants. It would be as idle as for two men to argue about the methods of getting to Philadelphia when one man has Boston in mind and the other man has Washington in mind. Proof of these differing aims may be found in most any of the discussions, but the papers to be found in the last year's report of this association will do fairly well, and will be those most familiar. One part of the writers seem to have the following aims: An aim to provide enough pupil nurses for hospital work; an aim to provide enough graduate nurses for private and hospital nursing; an aim to provide such training and instruction as shall make nurses able "to care for the sick" in such nursing. The other part of the writers have the following aims: An aim to place some standards and requirements by law, even if such standards lessen the number of pupils and graduates regulated under such law; an aim to go further than plain "caring for the sick" and make nurses able to conduct tubercu-

*Abstract of paper read at the annual convention of the American Hospital Association, Washington, D. C.

losis work; to take charge of hospitals; to do district nursing; to be sanitation inspectors; to oversee tenement houses, department stores and factories, and to have special training for nervous diseases. In Miss Nutting's paper all these are mentioned, and are the usual topics woven into any argument for advancing the standard. To restate this briefly—one side wishes to train nurses to care for the sick; the other side would add many side branches, specialties and educational elements.

Now here surely is a parting of the ways. One cannot travel both roads at once, and there is a world of difference between them. For we must remember that it is not an "ideal" but a "law" that we are discussing. An ideal is something judged desirable either as a "maximum" or even as something beyond the attainable maximum. A "law," on the other hand, is the definition of a "minimum." It is very evident from the language of the high-standard advocates that it is an "ideal" and a "maximum" that they seek or have in mind. They fail to see that a law is always to define and fix a minimum. They therefore do not have so much an aim to "elevate" all nurses as to get a law which shall elevate certain nurses in the public regard. Seeing this in this way, I unhesitatingly select the first aim—that of learning to care for the sick—as the reasonable one. And to support this selection I give the following reasons:

1. Not over 5 per cent. of nurses the country over enter other than plain "caring for the sick." Probably not over 2 per cent. ever go to other work from their graduation, but get post-graduate experience first.

2. These other forms of work mentioned are specialties, and call for special

work and special experience, and sometimes for a special education before beginning them. They would still demand this "special" experience, even if the nurse had had three or four years of ordinary hospital training. At any rate, it would be impossible, even in three or more years, to take *all* of them, and no one knows which one would be needed by each person. Even if it were possible, it should not be demanded by law that all nurses should become proficient in all these branches.

3. The vivid statements of Miss Nutting as to the present lacks existing in present schools in one of the most favored States (astonishingly extensive to us), and the statements that schools are obliged to take applicants of less age and less education, argue to my mind directly against the advancing of the standard. They practically force admission that there are not enough applicants of the old standards to meet pressing needs, and therefore that any advancing of the standard would still more limit the number of applicants.

I thus conclude that the ordinary training school is to train nurses to "care for the sick," while other works of numerous forms are branches or specialties, post-graduate in character; indeed, some of them are outside nursing work. Remember, again, that it is only of the "minimum" that we are speaking, and of requirements to be made by law.

Ambition is allowed free play, and if any specially favored school can find it possible it may accept only high school graduates; indeed, possibly only college graduates. Yet while doing so such school should recognize clearly that to require such graduation by law would be grossly unjust. For a "maximum" or an "ideal" should not become a requirement by law.

The only way I could logically justify a law to meet such demands is this: If there be a demand for highly educated nurses (and of course there is such demand in places), and if the demand can only get a supply by the aid of a law, then get a second law which shall establish a high school grade of nurses. But let us not attempt the impossible of obliging all schools to accept only such. We should study closely to see what laws are for. What justifies any law? At once comes back the ordinary answer, "Law is justified by being for the public good." It is common also to say that laws should not exist to elevate an individual or class. Also it is in accord with well-nigh universal precedent and teaching that any regulation by law shall apply to the whole of a class.

Curiously enough, the present laws for nursing do not accord with any of the above accepted principles. They do *not* apply regulation to all who nurse; they thus do *not* protect the public against incompetence. They do *not* recognize or even seemingly wish to recognize the great numbers whom the advocates have yet pleased to call the "ignorant, the incompetent and the unscrupulous," but they do aim to give a title and honor to those in nursing work who already have the highest positions.

All other occupation laws make at least an aim to either "cut out" or bring to grade the *least* fitted of their members. For example, a law for physicians takes in *all* and limits only those *least* fit. Present nursing laws ignore the least fitted of those who are nursing. Indeed, still farther than this, these laws not only ignore the least fitted—the non-graduate nurses—but of those who have graduated, and in most prominent States hardly one-third of the graduates are

registered. What name have the rest? Is this not creating a class, and then a class within a class? But, comes the reply, "We wish to elevate the standard." We surely can elevate the standard nominally. But a trifling analysis shows that we are lifting *only* the standard—we are *not* elevating nurses as a whole, nor are we even lifting them as a part. What happens each time the standard is lifted is that fewer are in the lifted portion. If, as is rumored, at the present time not one-tenth of all nursing is done by graduates, a little lifting of the standard would provide that not one-twentieth would be done by those registered. These fewer nurses may get better pay and honor, but do justice and present conditions demand any such result or is it the ambition of the few?

The reply may be made to this, "This standard we offer is good; all should come up to it." Of course the standard is good. All education is good. Also all can come up to it in theory—but only in theory. Indeed, in theory every present non-graduate nurse can come up to registration standards; but in practice it is evident that there is no such possibility. A law to that effect may cause a little increase in effort of some nurses, but the underlying economic law of supply and demand is the main governing law, and always will be so. You cannot get very far away from it. If it were not for this economic principle the standard might be placed anywhere, and we need not stop at a high school graduation. If it were not for this law, a little legislated law, passed however carelessly, might lift each and every occupation up to any ideal, and perfection might approach at once. All occupations are in about equal need of laws, and all might be raised together. The fallacy of all

this is too evident to call for more comment.

What have been the results of such laws? Whether they be wholly results or not, if we may judge from reports, prices have risen and become more rigid; nurse applicants have become too few; graduate nurses have become more exclusively for the richer classes; undergraduate nurses have increased in numbers; the general average education of those nursing has probably not increased, and trained nurses are losing the old ethical ideal of being for all cases, and are shunning the contagious, the disagreeable and the poor pay cases far more than they used to do. For this latter reason the so-called "undergrade" nurses are often getting the most difficult, critical and responsible cases, and those which must be cared for with the least of outside help. This seems a rather serious commentary.

There is another aspect of the making of these laws. Many of the present laws disregard many of the most prominent of hospital workers. Hospitals with their schools are usually established by laymen, and physicians have helped in the establishment and the management of them. The school part has been created and conducted largely by the aid of physicians. Facing all this, leading nurses have suddenly found that no man can appreciate them or fitly govern them or can know what their standards should be. So, flitting lightly by them all—physicians, hospitals and management—the nurses appeal to the legislature for a law which shall place them beyond any fallible man—even advocating publicly to take no law at all rather than one in which a man shall have any control. This is elevating with a vengeance. For they not only get a law certifying to their

title and selectness, but insert a clause making eligible for examiners and executors only registered nurses, which naturally become those most radical among themselves. We do not believe that either "justice" or "present conditions" demand any such move as this. We believe the control of the school, as long as it is a branch of the hospital, should have as representative someone from the hospital management. We believe also that the pupils—being nurses who are to act as helpers to the physicians in their work—should be represented in control by physicians. We, indeed, hold without fear, that only such representation from hospitals and from physicians will accord with justice. Legislators have thought that without any restrictive clause such law could do no harm, and thus have let the laws through, but there is some harm left even then.

Having spoken thus critically of the present trend of laws, what can I propose "constructively?" One is hardly justified in even a criticism that is accurate if there be not something better to propose. Both for policy and practicability I would not propose anything revolutionary, but would put forward the following as moderate and reasonable from my point of view:

1. I would lower rather than elevate the ordinary requirements for nursing as placed in laws. I would do this to avoid forming a select and privileged class. I would do this to provide more of the so-called "standard nurses." I would do this also for the public good, because only so doing tends to protect the public as a whole. I would even do it for the self preservation of the registered class itself, for if this class becomes too small in numbers it cannot maintain its own distinctions. I would

do this, therefore, on nearly every count that I can mention. Nor do I fear to state more specifically that I would not in a law and for a minimum demand more than a two years' course, and would allow the superintendents to select their pupils without any restriction based on their previous education. I fully believe they have selected in the past, are now selecting and in the future will select the best educated of their applicants, after making due allowances for moral qualities and disposition, reliability, etc. For, remember again, we are not selecting an ideal, but a minimum. Any school may call for any high education if there be a demand for it.

2. I would advocate constructively that the ordinary school should still, as in the past, be only obliged to train pupils to "care for the sick," and should avoid in a law anything *requiring* them to train for those things which are specialties or outside regular nursing work.

3. I would advocate giving less power to the examiners under such laws. However good the examiners may be, they should not have the power to practically make the law by ranging up or down its requirements. Of course no nurse has to register—if she were obliged to do so the power would be appalling—but even with nurses uncompelled, the power of examiners is far too extended.

4. I would have the present laws studied with the idea of ultimately, and perhaps gradually, extending the law, or other laws, to all who nurse. There will never be any fundamentally good law till this is done. This will bring up the subject of grades. I recognize perfectly that nurses have shunned this subject. But grades there have been, and grades there always will be, because the supply exists to meet the demand.

The registration law itself has made more grades. Ostensibly it only made the grade "registered nurse." Indirectly there is the grade of those eligible to register, who do not register; also the grade of those who try to register, but fail; and also the grade of the graduates for non-eligible schools. These grades hardly existed in defined shape till this law was placed. No one expects these pupils to stop nursing.

The only new thing we are suggesting then is the recognition of these grades by law. In fact, in order to stand out as a superior class the registered nurses really need these grades, as those to whom they may let those cases go which do not pay enough, or which are in any other way undesirable. Scientifically and logically, such cases may be fully as needy, and the nurses may have fully as much of responsibility in caring for them.

We must acknowledge it true that other occupation laws do not recognize grades. Other such laws simply provide for a minimum requirement to work at all. To do this in a nursing law the minimum would be low indeed. It seems to many that "grades" are preferable. Minor difficulties would be met in recognizing them by law, but when we see so clearly that grades exist, and are even forming into names and classes, it seems absurd for the law to ignore them as non-existing.

5. We also, in a constructive manner, advocate it as the fitting province of a law to make sure that any specified title means a specific amount of training. Indeed, I have often wondered that some one has not recommended a law which should regulate the schools instead of the graduates. Such law would seem far the easier and more efficient. Even then,

however, the remorseless logic of the situation forces me back to say again that ultimately, only when all who nurse, graduate and non-graduate, are regulated will there be a most efficient law.

Briefly stated, I have held critically that present laws do not work for the public good; do not regulate nursing work; do not affect those most needing regulation; but tend to form a selected class. Briefly, also, I have held constructively that we ask for a law with requirements low enough to form a fairly large class—a class large enough to avoid monopolistic claims; also that in all justice hospitals and physicians

should be represented in such legal control; and that, finally, only when every nurse, and specially those least fitted, are regulated, will there be the best law.

In all this we are assuming no pessimistic mood. The conclusions seem to us logical and unavoidable. If true, we believe that truth will ultimately prevail. We are not withholding any due honor to the nurse of to-day. We believe the nurse has come to stay as an honor and blessing to modern life. But we do not believe there is anything special in her work demanding that ordinary logical action, or ordinary legal principles should be set aside.



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bouillon and the flask is placed in an incubator and kept at body heat for from twelve to twenty-four hours. By a series of tests and processes, pure cultures, free from other germs are secured, which are used for innoculating the large flasks of beef bouillon in which the diphtheria toxins are grown for immunizing the animals that are to produce the anti-toxin. Horses are preferred for the preparation of the anti-toxin, but mules and donkeys are sometimes used.

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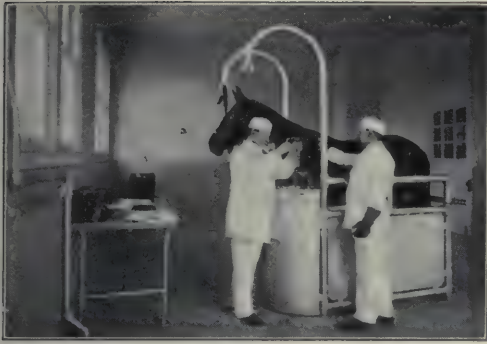
An antitetanic dusting powder, which consists of the serum dried and powdered and mixed with a small amount of chloretone, has been prepared and its use advised in all suspicious wounds.

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Thus far its best results have been obtained in chronic cases, though quite recently I learned of a physician suffering from a severe case of gonorrheal conjunctivitis on whom it was used. Its use was followed by a rapid subsidence of the distressing symptoms. Probably its best results have been obtained in chronic cases of gonorrheal arthritis. In the cure of gonorrheal vaginitis in children excellent results have also been obtained. It is too new, however, to have demonstrated sufficiently to determine how wide its usefulness is to be. Besides the diseases in infections of the fallopian tubes, bladder, prostate and in iritis, gonorrheal, peritonitis, etc.

VACCINES.

In the preparation of the vaccines, the cow-pox vaccine, which is used as a prophylactic against small pox, young animals—usually heifer calves—are employed. These animals are first admitted to an entrance ward and subjected to careful veterinary examination before being prepared for operation. They are then taken to a wash room, the hair clipped, and, after being thoroughly scrubbed with soap and water and antiseptics, are taken to the operating room and placed on the table, the head and feet being secured. This operating room resembles very much the hospital operating room. The posterior portion of the abdomen and inner surface of the thighs is shaved and scrubbed again and disinfected. On the surface small superficial incisions are made and the seed vaccine applied. The animal is kept on the table until the surface has dried, when an aseptic dressing is employed. It is then taken to the propagating room and kept for about five days until the vaccine is ripe, an attendant being on duty with it day and night. Its temperature is taken twice daily, and the utmost care is taken in regard to cleanliness. When the vaccine vesicles are fully matured it is again taken to the operating room, carefully cleansed, dried with sterile towels and the vesicles carefully removed with a small curette. The material obtained is known as "pulp." The pulp or vaccine lymph is then combined with glycerine and distilled water and put into aseptic tubes or placed on glass or ivory points ready for use.



INJECTING TOXIN.



BLEEDING THE HORSE.



SERUM HORSES IN THE FIELD AT PARKEDALE
FARM, NEAR DETROIT, MICH.



FILTERING THE SERUM.



PLANTING CULTURES ON BOUILLON.

Photographs through the courtesy of Parke, Davis & Co., Detroit.

Hemophilia, or Bleeder's Disease*

MARY A. CLARKE.

HEMOPHILIA, or bleeder's disease, is so rarely met with that but few nurses have had opportunity of observing its strange characteristics; hence, a description of it may be interesting.

The disease is a constitutional tendency or proneness to frequent hemorrhages, which may be either spontaneous or traumatic, and are most dangerous and difficult to control. It is one form of the hemorrhagic diathesis, and is generally associated with rheumatic joints and with functional disorders of the heart, but it differs from another form—scurvy—in being a congenital and permanent condition rather than an acquired disease. It is sometimes mistaken for purpura. There is doubt as to its real anatomical cause, but the condition has been ascribed to insufficient coagulability of the blood, and is said to be favored by the intermarriage of relatives.

This strange affection is hereditary in certain families, usually appearing in the males, who rarely transmit it, while the females are generally exempt from the disease, but almost invariably transmit it to their children and may be regarded as conductors. "Families of bleeders" were first reported in this country, but they appear to be more common in Europe. In some families the disease has been traced through six or seven generations, as in a family in Finland, in five generations of which fourteen males died from hemorrhage. In one generation of sixteen persons in a Swiss family there

were seven bleeders; in the following generation of twenty-eight persons there were sixteen. Those affected are mostly blondes with soft, delicate skin and distinct veins.

The writer knows of two brothers in New Jersey who are subject to exhausting hemorrhages after the most trivial injuries. Dr. Daland reported three cases in brothers who lived in the mountains of Pennsylvania. Two died in childhood, one from nose bleed and the other from hemorrhage of the mouth. The third had, between his fifth and thirteenth years, about fifty hemorrhages from various mucous membranes. The attacks were generally preceded by grinding of the teeth and flushing of the face. A blow on the body, too slight to bruise ordinary children, would in this child cause a hemorrhage under the skin with pain and fever. There was no history of heredity.

The disease is generally revealed during infancy and by accident; for instance, on severing the umbilical cord, at circumcision, or during operations for congenital defects, such as moles, hare-lip, etc. In the Finnish family mentioned it never appeared until after the age of six months. But in seventy-five per cent of all cases the tendency to hemorrhage manifests itself before the end of the second year—that is, by profuse hemorrhages from the gums during teething, and when the child begins to walk and tumble about, and to hurt itself. It rare-

*Based upon article, "The Hemorrhagic Diatheses," by M. Litten, in "Modern Clinical Medicine," D. Appleton & Co., 1906; Tyson's Practice of Medicine, 1909, and Daland's article, "Hemophilia," in "Transactions Philadelphia County Medical Society," 1895.

ly occurs after vaccination. An attack may follow emotional excitement; flushing of the face often precedes it.

Hemorrhage may appear without assignable cause or after such extremely slight external injury, as piercing the ears. Bleeding from the nose is the most common and fatal form. In one bleeder family of twelve children all suffered from epistaxis; this may be brought on simply by blowing the nose. Next in frequency and fatality is bleeding from the gums after extraction of teeth. Dangerous bleeding has followed the removal of a tonsil.

Occasionally the hemorrhage may be gastric, intestinal, renal or uterine. Incised wounds from falling upon broken glass produced, in one case, hemorrhage which for seven days resisted all remedies. Bleeding from the surface of the body usually proceeds from cuts, ulcers or cicatrices. Muscular hemorrhages have followed chastisement by a teacher in school. A push, a blow in sport or prolonged pressure on a part may produce blood tumors. Profuse hemorrhage may occur from the tip of the finger, the blood oozing as from a sponge dipped in blood. Extensive subcutaneous effusions of blood may be followed by supuration and gangrene of the parts. Even fatal bleeding from the conjunctiva, for which no cause could be detected, was noted in the case of two brothers. Although rare in females, the disease sometimes shows itself at puberty, and has been the cause of death in childbirth.

On examination of the blood in these cases it is found to be almost colorless; it does not coagulate on beating, nor deposit fibrin.

In the treatment of hemophilia, individual prevention is the main thing. When suspected in young children no attempt is made to remove congenital defects, such as naevi, nor is circumcision performed. The ears are not pierced. Leeches, blisters or wet cups are never applied. The teeth must be cared for so as to preclude any necessity for operation in the oral cavity. The children should be watched to see that they do not injure themselves at play; they must be forbidden to take part in active games, and (Solomon to the contrary, notwithstanding) they should never be chastised.

Hygiene and nutrition should be carefully looked after. Residence at the sea level is supposed to be beneficial, as is also a bland diet; spices and stimulants being prohibited. In choosing an occupation, those which do not require great bodily strength are to be recommended, and all in which slight injuries are apt to occur should be avoided.

If hemorrhage appears unexpectedly, the same measures must be resorted to as in hemorrhage from known cause—elevation of the member and compression of the nearest large artery. In proportion, small wounds bleed much more copiously than large ones; enlargement of the wound by a surgeon has in some cases arrested the bleeding, as has also syncope by the reduction of blood pressure. There must be absolute quiet during the attack.

The younger the person affected, the more grave is the prognosis. The majority of bleeders die between the first and eighth year of age. Some live to early youth, but they rarely reach old age. With advancing years, however, the tendency to hemorrhage declines, and finally disappears.

Surgical Nursing

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(Continued from December.)

FRACTURES.

A fracture is the solution of continuity of bone, and is caused by direct violence or muscular action, Predisposing causes: Senility, paralysis, syphilis, cancer or tumors, tuberculosis, scurvy, rickets, fragilitis.

Varieties: Simple, compound, complicated, incomplete, complete, multiple, gunshot.

Incomplete { a. Fissure.
b. Green stick.
c. Separation of splinters.
d. Depressed.
e. Impacted.

Complete { A. Direction of the line of fracture { a. Transverse.
b. Oblique.
c. Longitudinal.
d. Dentated.

B. Seat of fracture { Shaft of bone.
Neck.
Epiphysis.
Intracondyloid.
Separation of epiphysis.
Intra articular.

Multiple { Fracture of two or more bones.
Two or more fractures of the same bone.
Comminuted or splintered fractures.

Symptoms of fracture { Deformity { a. Lateral.
d. Rotary.
c. Longitudinal.
b. Angular.
Crepitus.
Mobility.
Ecchymosis.

Subjective { Pain.
Loss of motion.
History.

Repair of fracture—First, bloody extravasation; second, plastic exudate; third, callous; fourth, formation of new blood vessels; fifth, osteoblasts and bone union.

Treatment—Reduce, maintain in proper position. The parts must be firm, comfortable, but not enough compression to interfere with circulation; arrange neighboring joints so, if ankylosis occurs, the limb will be in most useful position. Avoid bed sores; watch old people for exhaustion and hypostatic pneumonia. Observe parts below the bandage for blueness. Gangrene may result from too tight bandaging.

Average time for union: Phalanges, two and one-half weeks; metacarpals, three weeks; clavicle, four weeks; forearm, five weeks; fibula and tibia, six weeks; femur, eight to ten weeks; neck of the femur, three months.

Materials used for keeping fractures immobile: Bass wood, orange wood, wood, felt, starch bandages, plaster of paris.

Watch for bedsores, pneumonia, thrombi, the circulation of the parts below the bandage, exhaustion, weakness. Later use massage and passive motion. Compound fractures require surgical cleanliness, aseptic dressing, in addition to proper position. If septic, frequent change of dressing, curettage, amputation.

Joint injuries—Contusions, sprains, wounds, dislocations.

Contusions—Bruising.

Sprains involve all or any of the joint structures, including the chipping off of small particles of bone.

Wounds—Incised, lacerated, puncture and clean or septic.

Dislocation—Separation of one or more bones entering into the formation of an articulation.

Varieties of dislocation—Traumatic, congenital, spontaneous, pathological: Traumatic, due to injury. Congenital, at birth. Spontaneous, without discoverable cause. Pathological, the result of disease.

Name of the dislocation derived from the distal bone; dislocation of the humerus; dislocation at the shoulder joint.

Dislocations are simple or compound, complicated.

Colles fracture—Fracture of the lower end of the radius one-half to one inch above the wrist. May include the ligaments and even the lower end of the ulna.

Potts fracture—Internal malleolus, torn off with the fibula two and one-half inches above the tip.

Fractured rib—Simple, compound, multiple, comminuted or complicated.

Symptoms—Pain increased by deep breathing, coughing or pressure at the seat of fracture or at a point distant from the fracture; crepitus, obtained by rubbing the fragments against each other, or may be heard with the stethoscope; emphysema, caused by the fragments penetrating both the pulmonary and parietal pleura. With inspiration, air is forced into the cellular tissue.

Patella, caused by either direct violence or muscular action.

Spine—With or without pressure on the cord or cord laceration.

With cord injury or pressure—Paralysis below the injury, loss of bladder and sphincter control, bedsores likely.

Head injuries—Injuries to the scalp, concussion, fracture, simple, compound, with or without depression.

<i>Concussion.</i>	<i>Compression.</i>
Partial and diminishing.	Stupor — complete, increasing.
Feeble.	Pulse, slow and full.
Contracted.	Pupils, dilated.
Natural.	Breathing, stertorous.
Cold.	Surface, warm.
Relaxed.	Muscles, natural.
	paralysis.
	convulsions.

Restless {
Vomiting { Stage of reaction.

In concussion, mustard to the feet, dry heat to the body, ammonia by mouth or inhalations, but no whiskey. Do not overstimulate. If reaction too pronounced venesection.

For fracture of the skull, operate. Prepare the entire head.

Tetanus—Lockjaw. Results from an injury allowing the entrance of the tetanus germ. Developing within seven days after the injury very fatal, the longer after seven days the better the prognosis. Wounds resulting from blank cartridges, old iron or in dark places, stables, etc., should receive especial attention. Cleanse with soap and water, peroxide of hydrogen, iodine tincture, and give an immunizing dose of antitetanic serum. If disease developed, give antitetanic serum every four hours, cleanse, use peroxide freely, tincture of iodine, give plenty of water, morphine and whiskey. No bromides or chloral. Morphine controls the restlessness, whiskey stimulates, bromide and chloral too

depressing. Occasionally have to chloroform to feed.

Mouth injuries require frequent cleansing with boric acid, permanganate of potash or Thiersch's solution. Abscesses or supuration of mouth wounds may lead to infection of the deeper glands, giving what is known as Ludwig's angina—a very virulent affection. The deep fascia prevents the breaking of the infection outwards. Result, it travels downwards towards the pleura and mediastinum or causes oedema of the glottis. The oedema cutting off the air, the patient suffocates.

Treatment of the oedema—Incise the glottis or tracheotomy; for the Ludwig's angina—incise under the inferior maxilla of the affected side, insert a close mosquito artery forceps until pus is found. Withdraw the forceps, open, drain.

Amputation of the tongue—Keep the mouth clean, avoid foreign body pneumonia by elevating the foot of the bed about twenty inches. Make the patient for the first few days drink upward.

Breast—Inflammation—mastitis, cysts, tumors. Amputation of the breast for malignant growths includes removal of the axillary glands and even the glands of the neck. Prepare the entire chest, arm and neck of the affected side. After this operation the patient should be kept in the recumbent position for ten days to avoid thrombi or emboli. Many veins are severed during this operation, some just as they enter the axillary vein. Early effort may cause a clot to become detached and cause an embolus to lodge in some vital part. After breast amputation watch for secondary hemorrhage, the arm should be comfortable, preferably resting on a triangular splint.

The stomach may be the seat of ulcer, tumor or contracture following an ulcer.

Operations upon the stomach—Gastrostomy—cutting into the stomach, as for the removal of a foreign body, and suturing. Gastrostomy, cutting into the stomach and draining—in cancer of the oesophageal end, to enable the patient to be fed. Gastrectomy, removal of the stomach—partial and performed for cancer of the stomach when the growth is not too extensive. Gastro—enterostomy, connecting the stomach with the intestine—to enable food to pass into the intestine from the stomach, when there is a blockage of the pyloric end from cancer or stricture. An opening is made into the stomach and intestine and the margins united either by the Murphy button or suture.

In all stomach operations proper feeding is essential. Nothing is given by mouth for twenty-four to forty-eight hours. Too early feeding may cause a leakage into the peritoneal cavity. Wetting the mouth and rectal saline irrigations for the thirst, rectal feeding to sustain the strength.

Kidneys may be movable or floating; they may contain stone—nephro-lithiasis, they may contain tubercular or cancerous deposits. They may be injured—contused or lacerated.

When the kidney is injured, blood is usually found in the urine; pain on the side of the injury, often radiating towards the bladder and may be felt in the heel.

Operation for floating kidney—nephropexy, cutting into the kidneys—nephrotomy, removing the kidney, nephrectomy. Diet in kidney injuries, milk or butter-milk. Watch for blood in the urine.

Watch for the symptoms of internal hemorrhage. Rest in bed.

The bladder may be inflamed—cystitis; may contain stone, calculus; may be the seat of tumors, tuberculosis. Injured—intra-peritoneal or extra-peritoneal rupture. Intra-peritoneal rupture the urine extravasates into the peritoneal cavity, the bladder is empty or nearly so. Extra-peritoneal rupture, urine extravasates into the groin and down the thigh. Both require operation and drainage. Urotropin which gives free formalin is given to disinfect the urine.

The bladder is opened from above—supra pubic cystotomy or through the perineum—external urethrotomy. Watch the tube to see that drainage is effectual; bland diet.

The thyroid gland is removed under a general anaesthetic or cocaine preferably. The latter one-fifth of one per cent for the skin and one-tenth of one per cent for the deeper tissues. In removing the gland the thyroid juices are expressed out and absorption may give rise to post operative symptoms as a rapid pulse, nervousness, delirium. Drainage assists in preventing this, but if symptoms arise, irrigate the cavity freely with normal salt solution.

Intestinal obstruction may be caused by pressure outside of the intestine as by tumors, by masses within the intestine, as worms, gall stones, by twist, volvulus, by telescoping, intussusception, by bands of adhesions. The higher in the intestinal canal the obstruction, the earlier the vomiting and the sooner the vomiting becomes faecal.

Symptoms—Vomiting, constipation, pain, temperature normal or subnormal, until later in the disease when peritonitis sets in the temperature is elevated.

The vomiting consists first of the contents of the stomach, later bile, finally it becomes stercoraceous or faecal. Material below the point of obstruction may be expelled. No gas is expelled excepting that which may enter with the enema. Pain is rhythmical. It begins usually high in the abdomen, increases in force and terminates at the point of obstruction. The pain is due to nature's effort to overcome the obstruction. Enterotomy—cutting into the intestine; enterostomy—opening the intestine and draining; entero-enterostomy—connecting one loop of intestine with another.

Hernia—The abnormal protrusion from the abdomen of the content normally contained therein.

Varieties: Congenital, acquired, according to the contents of the sac—intestine, omentum, may contain ovary, tube, appendix or any of the viscera. According to the site: Inguinal, femoral, umbilical.

According to the relation of the contents to the sac—reducible, irreducible, inflamed, strangulated.

Symptoms of strangulated hernia the same as intestinal obstruction—paroxysmal pain, vomiting, obstipation, subnormal or normal temperature. Treatment, operate.

Appendix Vermiformis—A pouch opening into the caecum near the ileocaecal junction and ending blindly in the tip. The appendix varies in length from one-half to seven inches; its lumen is small so the drainage is poor; its blood supply is from a small artery which is found in the mesentery near the base. The varieties of inflammation are catarrhal, suppurative, gangrenous.

Symptoms—Pain, temperature, in-

creased pulse, vomiting, rigidity of the rectus muscle. Pain is at first general, later become localized in the right iliac fossa. Temperature is not constant. The mild cases may have a rise of 2 or 3 degrees, the severe ones may have no fever. Pulse is usually increased, a rising pulse rate indicates danger. Vomiting frequently ushers in the attack. Tenderness is usually marked over the right iliac fossa, when peritonitis has set in it becomes general. Rigidity over the right rectus is always present. It is nature's effort to protect the inflamed point. Operation is the safest course. If peritonitis be present carry out the Murphy treatment.

McBurney point—Midway between the umbilicus and the anterior superior spine of the ilium.

Gall bladder—A reservoir for a small amount of bile, situated under the right lobe of the liver, leading from it to the cystic duct? The cystic duct joins the hepatic duct, forming the common duct which empties into the duodenum. Bile is formed in the liver, is carried through a duct, one from each lobe—hepatic ducts. A small portion of the bile is conveyed through the cystic duct into the gall bladder. The greater portion enters the intestine direct through the common duct, from the hepatic ducts. The gall bladder may contain stones, it may be the seat of catarrhal or suppurative inflammation; it may be gangrenous.

The symptoms of gall stones—Pain over the gall bladder, radiating to the right shoulder blade; vomiting, at times containing bile; temperature raised. When inflammation, normal or subnormal. When bile poisoning—cholemia; pulse raised in inflammation, as low as 40 in cholema; tenderness over the gall

bladder. Mayo Robson symptom—pressure applied just under the free border of the ribs on the right side the patient cannot take a deep breath. When stone or inflammation in the common duct jaundice, high colored urine, clay colored stools; itching of the skin; small vesicles in the skin containing bile. If there be no obstruction in the common duct, bile enters the intestine and the symptoms of bile absorption are absent.

Cholecystotomy—Cutting tube into the gall bladder, removal of the stones and immediate suture. Called the ideal operation, but not now practised.

Cholecystostomy—The removal of the gall bladder.

Patients to be operated for gall bladder conditions should receive chloride of calcium, 20 grains by mouth or 40 grains by rectum every four hours for about two days before and two days after operation. Jaundice reduces the coagulability of the blood, calcium chloride increases it. The chloride given over too long a period *reduces* the coagulability of the blood.

When operating a pillow should be placed high up under the patient's back, causing the intestines to move away from the field of operation.

Typhoid perforation occurs usually within 12 inches of the ileo-caecal valve.

The typical history—sudden fall in temperature, pain, most marked near McBurney's point; rigidity of the right rectus, increased pulse rate.

Treatment—Immediate operation, preferably under cocaine, suture over the perforation, drainage, Murphy treatment.

While preparing for operation in typhoid perforation and peritonitis cases employ the Fowler position.

Some Complications Arising in Infancy

ANNIE C. HUTCHISON.

OF the complications arising in early infancy, asphyxia or suspended animation is the first, and may be slight or very serious. If animation is suspended, do not cut the cord until it has ceased pulsating. The first thing to do is to wipe the infant's eyes and nose and clear the mouth and throat of any mucus, using for this purpose pieces of soft sterile gauze or cotton moistened in warm boracic solution. If the asphyxia is slight it may be sufficient to blow sharply upon the infant or to fan it; or slapping it upon the back and buttocks or sprinkling cold water upon it may serve to start the breathing. If these measures fail, put the infant into cold and hot baths alternately. Water for hot bath may be from 100 to 110 degrees—Fahrenheit—not more. The cold bath is to produce shock. It depresses the heart and should last for an instant only. Afterward, if necessary, try artificial respiration.

Hemorrhage from the cord is of two kinds, primary and secondary. The first may be due to hemophilia (strong tendency to bleeding), but is more likely to be the result of a badly tied ligature. When it occurs re-tie the cord firmly, powder with boracic, apply dressing, compress and flannel binder. Secondary hemorrhage is much more serious. It may be due to suppuration resulting from septic infection, or to specific ulceration of the cord. The treatment must be prompt. Send for doctor immediately and apply pressure to control bleeding until his arrival. Pressure may be exerted by the fingers or by a firm cotton

compress; or if this fails to control the hemorrhage and the services of a doctor cannot be secured in time, then acupuncture may be resorted to if the child seems in danger of bleeding to death. To apply acupuncture pass a needle through the skin on either side of the umbilicus and draw the edges of umbilicus firmly together by means of a strong thread wound round the projecting ends of the needle, back and forth from one end to the other, in the form of a figure 8. Then apply compress and bandage until arrival of doctor.

Ophthalmia neonatorum, which is a purulent inflammation of the eyes of the new-born, is the gravest danger to the eyes in infancy. If neglected for even a short time the result may be total loss of sight. It is generally the result of some infection entering the child's eyes at the time of birth. If the infant is not properly cared for it may be caused by bacteria which enter after birth.

It is in order to guard against this serious trouble that it is necessary to cleanse the infant's eyes after birth, as some unhealthy maternal discharge may have entered them. These early preventive measures should never be neglected, and in the later care of the infant an important point is to keep the eyes clean. Upon the occurrence of the first symptoms of any trouble in the eyes, the attention of the doctor should be called to the infant, and he will direct the treatment. The inflammation begins between the second and the seventh day after birth, usually about the third day. If symptoms occur during the first twenty-

four hours, it is said that the trouble is not likely to be as serious as if they occur about the third or fourth day. Ophthalmia neonatorum is first manifested by a swelling of the lids, followed by a discharge from between the swollen lids. This discharge is extremely contagious to adults as well as to children. Upon the least indication of the occurrence of an inflammation the eyes should be frequently bathed with a warm boracic solution. Avoid irritating the eyes by rubbing, but carefully separate the lids so that the water may enter and flush out all discharge that may be under the lids, being careful to so hold the infant and direct the water that it may run toward the outer corner of the eye, where absorbent cotton may be held to receive it. When through, immediately burn any cotton or cloths that may have been used, and disinfect hands at once. If only one eye is affected, use every possible precaution to prevent the contagion entering the other eye. The babe must lie on the side of the affected eye. The important point in the treatment is to thoroughly and frequently cleanse the eyes.

Convulsions are not uncommon in infancy and are generally due to some unnatural source of irritation existing somewhere in the body. It is considered that a less degree of irritation will produce convulsions in children than in adults. Convulsions may be due to indigestion, probably the result of improper food which the stomach cannot digest, or to difficult dentition, the presence of worms in the lower bowel, fright or extreme excitement. In some cases there are certain premonitory symptoms, the child probably grinding the teeth in sleep or being unusually restless and fretful.

The convulsion begins by a twitching of the muscles, which comes on suddenly when the child may be either awake or asleep. The twitchings may begin in the muscles of the face and quickly extend through body and limbs. The convulsion usually lasts only a short time, but there may occur a series of fits in rapid succession, and if so, it is grave cause for alarm. In case of convulsion occurring, the treatment should be prompt. Send for doctor, but begin treatment at once. Cold water may be dashed in the face. Undress child gently and put into warm bath, about 104 degrees F., and let remain in bath for a few minutes, keeping a cloth wrung out of cold water on its head. Lift child out, dry carefully and wrap in warm blankets, disturbing as little as possible. An enema of warm castile soap suds may be given. Keep child quiet. See that extremities are kept warm and head cool and that there is a good supply of fresh air. If the doctor cannot soon be secured it may be advisable for the nurse to give a dose of castor oil.

Mastitis or inflammation of breasts is occasionally a complication of early infancy, the symptoms being swelling, the secretion of a watery fluid and extreme tenderness. The condition may not call for treatment other than to see that the clothing does not irritate. Sometimes, however, it may be advisable to apply hot applications, as an abscess may form. In such case the doctor would direct the correct treatment.

Retention of urine in an infant may be due simply to a plug of vernix caseosa closing the urethral orifice. Wash parts well and ascertain that this is not the cause of the trouble. When this is not the cause a hot stupe, placed over the

bladder, may prove effectual when the infant does not pass urine. Another method to induce the passage of urine is to place the infant in a hot bath, and while in bath to give it two or three teaspoonfuls of cold water. When other means fail the catheter must be resorted to.

Colic—Infants are specially susceptible to attacks of colic. These attacks, if persistent, may be due to unsuitable food. In the case of a nursing baby they may be caused by improper diet on the part of the mother. For an acute attack of colic, apply hot applications to abdomen—stupes or hot water bag—heat to the feet and give hot water internally. If attack be prolonged, give warm water enema.

Thrush—This is a fungoid growth which is at first indicated by one or two white spots on the tongue or roof of the mouth, and which, if not promptly checked, will spread until the tongue and entire cavity of the mouth is covered with these white spots or patches. If allowed to spread it may also extend into the throat and down into the stomach and prove very serious. If, at the same time, an eruption appears about the anus, it indicates a serious condition. Thrush is frequently an incident of indigestion, due to improper food, but it may occur independently of this. It may arise from neglect to wash out the infant's mouth after feeding, the result being that milk which may be retained in the mouth is left there to decompose and set up fermentation. To wash mouth after feeding is not always sufficient, as some babies frequently regurgitate their food and thus retain some particles of milk in the mouth for a considerable time. The treatment of thrush is cleanliness and

correction of diet where necessary. If spots appear wash out the infant's mouth gently but thoroughly with a solution of borax. A little glycerine is sometimes added to the borax solution.

Croup—Croup is an inflammation of the upper part of the air passages, the trachea and larynx. There are two varieties of croup, membranous croup, also termed true croup; fibrinous and inflammatory croup, and spasmodic or false croup. Membranous croup is a serious affection, frequently fatal. Spasmodic croup is of much more frequent occurrence than the more serious variety, being a common trouble in infancy. In spasmodic or false croup there is a spasm of the laryngeal muscles with but slight inflammation. The attacks usually occur at night, probably when the child has been suffering from a cold in the head for some time before, or the attack may come on suddenly during the night, the child having gone to bed apparently well. Sometimes the child may be somewhat feverish the evening before. Children suffering from some one of the ordinary indispositions of childhood are said to be specially subject to attacks of spasmodic croup. During an attack of croup the child coughs violently and gasps for breath. The cough is characteristic, loud, hoarse and ringing. The dyspnoea may cause a bluish tinge of the face or it may be flushed. Spasmodic croup is rarely fatal. If remedies are promptly administered it generally yields readily to treatment. The object of the treatment is to relieve the spasmodic condition of the muscles, and for this purpose heat and moisture are employed. The child should be kept in a warm room, and the steam from a boiling kettle used to render the atmosphere moist.

Hot water fomentations should be applied to the throat, and these will often be sufficient to give relief. If not, and breathing continues labored, an emetic may be given, one drachm of the syrup of ipecac, which may be repeated in half an hour if necessary, the object being to secure free vomiting. After one attack has subsided one must be on the alert for others, as they frequently recur within a short time, and there may be a succession of attacks. If the atmosphere is kept warm and moist for some time, there is less danger of a recurrence of the attack, and the child should be guarded with extra care for some days.

In membranous croup the early symptoms are similar to those of spasmodic croup, spasm of the laryngeal muscles being common to both. In membranous croup, however, the child is likely to have had more fever and general indisposition for a day or two before the attack. In membranous croup there is much more inflammation of trachea and larynx and also a formation of false membrane in the throat, which with the swelling of the inflamed surfaces obstructs the entrance of air into the lungs, in consequence of which death from suffocation is the immediate danger. Membranous croup usually comes on more gradually than the simple spasmodic croup, and the symptoms of general illness are, as a rule, much more pronounced. In spasmodic croup the child soon recovers its normal condition after the attack, or perhaps after several recurrent attacks, but in membranous croup the child continues unmistakably ill and its condition probably becomes more distressing than at first. The child suffers from thirst, and swallowing is very difficult. As the disease progresses the fever increases, breathing

and swallowing become more difficult and the spasms may occur at shorter intervals. The disease generally attains its height about the second or third day. During the latter stages stupor may come on. In severe cases the face and lips will have a bluish tinge on account of the obstruction to the passage of air to the lungs, and this bluish tinge will increase as the obstruction increases. The treatment for membranous croup in the early stage is the same as for an attack of spasmodic croup. Send for doctor at once, and in the interval before his arrival have the air of the room moist from steam of boiling kettle and apply hot fomentations to throat. If before the arrival of doctor the child seems in imminent danger of suffocation, vomiting should be promoted, as this measure has a tendency to detach and expel the false membrane which is obstructing the throat. To place the patient in a hot bath for some minutes will also help to relieve the more urgent symptoms. When removed from bath rub briskly and wrap up warmly. Keep the child as free from excitement as possible, and keep up the hot fomentations steadily. In the later care of the child a most important point for the nurse to remember is that the child may die from exhaustion as well as from suffocation, and every effort must be made to keep up the strength. There is often much difficulty in swallowing nourishment and it is generally necessary to give it in small quantities and frequently. Surgical interference may have to be resorted to if the air passages become much obstructed. Membranous croup, it must be remembered, is regarded as a communicable disease.

The Avoidance of Reinfection in Pulmonary Tuberculosis

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THE person who is fortunate enough to be pronounced "apparently cured" of pulmonary tuberculosis should not be carried away with the idea that he cannot contract the disease again. One attack does not grant immunity, and a patient may be reinfected with Koch's bacilli of a greater virulence than those which have already established a hold upon him.

The patient who has had a course of treatment at a sanatorium will no doubt be thoroughly trained how to care for himself, but the joy of returning health and strength is apt to lead him to forget the rules he followed so well while "taking the cure." The avoidance of reinfection is therefore a most important factor in the treatment of tuberculosis.

One may think there is very little romance left in life if one has to continue going to bed before 10 P. M., avoiding crowded places, observing certain rules as to diet, rest, etc., but the man who wishes to remain cured must never forget for a moment that he has had tuberculosis. He should become a member of that glorious army that is fighting the "white death," tell everyone he knows how to avoid infection, how to note the danger signals of approaching tubercular trouble, and he can do all this if he has learned his lesson well.

It is generally conceded by authorities on the disease that no one can be infected save through the tubercle bacilli derived from pre-existing disease either in man

or domesticated animals, such as cattle. It is also generally allowed that the question of infection involves not only the presence of tubercle bacilli of a sufficient virulence, but also a certain condition of health—in other words, a certain condition of the "soil" or tissues which allows the bacilli to induce the changes constituting tuberculosis. It will be seen from this that by keeping up our general health we have a very good chance of fighting off any tubercle bacilli we may come in contact with.

Persons may become infected by having the bacilli enter the body by means of inoculation—that is through the skin, and, causing the disease at the point of entrance or in the neighboring tissues, or in a joint, and subsequently reach the lungs—but infection in this manner is comparatively uncommon and in any case the infective material is derived from the same sources as in primary pulmonary infection. The sources of infection may therefore be placed under two headings—namely from human beings suffering from tuberculosis in its various forms and infection from animal sources such as cow's milk.

In considering infection from human sources the most potent factor is the expectoration of tubercular individuals. It is also true that infection may arise from tubercular disease of other parts of the body than the lungs, by means of a discharge from a tubercular bone, but the spread of infection through this chan-

nel is not so great as is the case in pulmonary tuberculosis, although it follows the same lines and necessitates the same precautions—namely, the efficient destruction of any contaminating discharge. One physician has calculated that a single individual may expectorate as many as 4,000,000,000 tubercle bacilli in twenty-four hours, while another asserts that a cubic centimetre of sputum may contain a million. Certain observers have found that while the hands of sanatorium patients who used pocket flasks contained no tubercle bacilli, the hands of ordinary consumptives who used handkerchiefs were infected in no less than 80% of the cases examined. In the face of such evidence we can only form one conclusion—namely, the use of some flask or cup to receive all sputum. In these flasks or cups should be placed a solution of lysol, as this will tend to mitigate the repulsive appearance of the sputum and to prevent drying and dissemination. It has also been shown that lysol will effectually diminish the virulence of the tubercle bacilli. If paper cups are used they should be burned as soon as the patient is through with them. If flasks are used the contents should be mixed with sawdust and then burned. The flasks can then be rendered sterile by boiling in water for half an hour.

The hands, beard and hair of the tubercular patients should be kept scrupulously clean and the patients should be instructed always to place a handkerchief in front of the mouth when they cough, and never to expectorate anywhere except into some form of flask or other receptacle. The mouth should be washed out several times a day with some antiseptic solution. Handkerchiefs must not be used to spit into, but only to wipe the

mouth, and they should be carried in a special pocket backed with an india rubber or oil silk detachable lining, which can be disinfected readily, for the pocket which contains a handkerchief soiled with mucus, sweat or saliva forms a veritable breeding ground for many forms of micro-organisms. Handkerchiefs and napkins made of Japanese paper or gauze are useful and cheap and can be burned, but when used they should be kept in the rubber lined pocket described above, and the same strip of gauze never used but for one expectoration. Ordinary handkerchiefs when used should be placed in water to which soda has been added, allowed to soak thoroughly and then disinfected by boiling in water for half an hour.

Too much cannot be said in regard to the necessity for pure air. The most powerful predisposing cause of tuberculosis is foul air, therefore our foremost thought should be to live as much as possible in a pure atmosphere. If one is "taking the cure" in the mountains, this can readily be accomplished, but the man who must return to the city, to his former occupation, will find it very difficult. He must therefore try and make up for the lost air by sleeping out. This will also present many difficulties, especially in the city, but each individual case should be carefully studied and the best possible means secured to give the patient every means of getting a continual supply of fresh air.

After passing from medical supervision the patient should as far as possible continue the same plan of treatment for at least two years in all its details. He must avoid all severe strain upon the respiratory or other organs, he must not frequent places where a large number

of people are gathered together, such as theatres and concert rooms. A patient must not think that because his temperature is normal and the physical signs are those of quiescent disease, he is necessarily cured. A patient whose disease has fortunately been arrested should understand that he is still a weak vessel and cannot at once indulge in the pursuits of healthy people, and that he is liable to further infection or relapse if he is not careful for some considerable time. He must not cry, "The war is over," as Dr. Latham says, or he will find "that tubercle bacilli, like the Boers, suddenly swoop down from their kopjes with the result that an unfortunate incident occurs and perhaps absolute disaster."

Patients should not return to unsuitable surroundings nor to unsuitable occupations. They must have fresh air and good food, and must not be exposed to unnecessary fatigue. It is a very common thing for patients to be told by their physicians that they must give up a city life and to find some occupation in the country. This advice is, no doubt, ideal, but many considerations however have to be kept in view. For instance, a man who has always earned his living in the city may be quite unable to do so in the country. Then many country pursuits involve far more physical exertion than city occupations. Very often cases of arrested consumption in many instances will do better when reasonable care is taken in their former city occupations than if a radical change is made and a country life substituted. At all events the patients must try to spend as much time as possible in the open air. If they are working in the city in an office, they should give up their noon hour to complete rest, eating sandwiches rather than

going to lunch in a crowded restaurant.

It is very important that patients should be thoroughly examined by their medical advisers at least once in every three months for a year or two so that any return of the disease may be detected at the earliest possible moment.

The man who must be regarded as the founder of the sanatorium treatment of tuberculosis is Herman Brehmer and he argued that "anything which protects one man from falling ill must be able, if properly employed, to cure another of the same disease," and from this argument he evolved the modern treatment of tuberculosis on the following lines:

(a) A life spent in the open air under conditions which give immunity from tuberculosis.

(b) Complete freedom from any debilitating circumstances as anything which may lead to exacerbation of the disease.

(c) Methodical hill climbing as an exercise when condition of the patient renders this advisable.

(d) Constant and unremitting medical supervision.

(e) An abundant dietary in which milk, fatty foods and vegetables occupy an important place.

If the above rules are observed there need be no fear of a "breakdown." Of course in many instances it will require great will power and the deprivation of many pleasures, but in the end what is better than one's health?

In conclusion, it should be said that if we are to ward off fresh infection we must not only utilize every means for the ready destruction of the tubercle bacilli itself, but do everything in our power to preserve and strengthen our resistance against disease.

Anatomy and Physiology

The Joints and the Ligaments

CLARA BARRUS, M. D.

(Continued from November.)

THE *elbow joint* admits of the hinge motion of the forearm, while the articulation of the radius with the ulna, a pivot joint, is so near to the elbow that both may well be considered together. The ligaments here bind the joint in front and behind and on each side, while the *orbicular ligament* nearly encircles the head of the radius. The synovial membrane is very extensive here. Dislocation of this joint forward or backward is common in childhood.

The radius and the ulna are connected at the wrist by short fibrous bands anteriorly and posteriorly, and by a triangularly shaped fibro-cartilage which is interposed between the head of the ulna and the wrist bones, thus preventing the ulna from participating in the wrist joint. The synovial membrane in this locality is very loose and abundantly supplied with fluid.

The *wrist joints* are admirably strengthened by ligaments and by numerous strong tendons as well. The movements are very varied, and dislocation is rare considering the constant exposure of the joint and its numerous uses. Dislocation backward is the most common. This joint is a frequent seat of synovitis, the effusion usually showing most prominently on the back of the wrist.

The eight bones of the wrist are arranged in two rows, forming gliding joints; each of these rows are connected

together by ligaments, and also connected to each other. The synovial membrane of the wrist proper is very extensive.

The joint between the thumb-metacarpal and the trapezium differs from those of the other metacarpals, thus securing greater freedom of movement to the thumb, it being capable of being brought opposite to all the other *digits*. It has a loose capsular ligament and is lined by a separate synovial membrane. The little finger comes next in the freedom of movement enjoyed. The other metacarpals are joined to the other wrist bones on the palmar and dorsal surfaces, and between them, and they are likewise joined to the phalanges, and the phalanges joined to one another, by ligamentous bands in front, behind, and on the sides. A variety of movement is permitted the metacarpals, but the phalangeal joints are only permitted flexion and extension.

The most prominent *articulations of the lower extremity* are those of the hip, knee and ankle; those of the metatarsal bones and of the phalanges are very similar to those in the hand.

The *hip joint* is a ball and socket joint. The large head of the femur is received into the deep cavity of the *acetabulum*; a triangular ligament surrounded by a synovial sheath goes from one to the other, but is of little use to hold the head in place. The strong dense capsular liga-

ment encloses the joint as a sheath and is reinforced by other ligaments. It is not so loose as the capsular ligament of the shoulder. The Y-shaped ligament, the strongest in the body, is on the front of the joint, blending with the capsular, and connecting the spine of the ilium with the neck of the femur. The *cotylloid ligament* is a nearly complete rim of fibro-cartilage around the margin of the acetabulum; the rim is made complete by the *transverse ligament*. There is a mass of fat at the bottom of the acetabulum and a very extensive synovial membrane throughout the joint. The movements of the hip joint, though more restricted than those of the shoulder, are extensive; they are flexion, extension, adduction, abduction, circumduction and rotation.

The most common dislocation of the hip joint is where the head of the femur is driven on to the back of the ilium, but there are other upward and backward dislocations, and still others where the head is displaced downward and forward, or upward and forward, upon the pubis.

The *knee joint* is rather complicated in motion; it is a hinge joint formed by the condyles of the femur and the upper surface of the tibia, and it also has a sort of gliding character by reason of the relation between the patella and the femur, and a slight rotation inward and outward. The knee is furnished with an external and an internal set of ligaments.

The *external ligaments* consist of: (a) one in front called the *ligament of the patella*, which is a continuation of the tendon of the large extensor thigh muscle, and is a strong flat band about three inches long attached to the patella above and to the tubercle of the tibia

below; (b) the *posterior ligament* is also a broad flat band which receives some fibres from tendons of one of the surrounding muscles; (c) *internal* and (d) *two external lateral ligaments* and (e) the *capsular ligament*.

The *internal ligaments*.—Within the joint two strong ligaments which cross each other somewhat like the letter X and connect the femur and the tibia at certain points, are called the *anterior and posterior crucial ligaments*. The *semi-lunar fibro-cartilages*, as their name implies, are two crescentlike layers of tissue which fit on to the head of the tibia, raising a rim of cartilage, thus deepening the concavities for articulation with the condyles of the femur. A *transverse ligament* passes between these two in front, and the *coronary ligaments* are portions of the capsular ligament which connect the semi-lunar cartilages with the head of the tibia. The synovial membrane of the knee joint is the largest in the body, and sends prolongations between the muscles. The various folds and pouches formed by the synovial membrane act as a padding as well as lubricating surfaces. There are twelve bursae connected with the knee joint; the one between the patella and the skin is the most important. The patella acts as a shield to the knee joint, it also bears the brunt in kneeling, and it affords a leverage for the extensor muscle to act on the tibia.

The knee joint, because of its construction, the poor adaptation of its bony surfaces, and its great variety of motion, would be very insecure but for its strong reinforcement of ligaments. These, however, render it one of the strongest joints in the body. Dislocation from blows and falls is rare in a healthy joint, but when disease has soft-

ened the ligaments, it takes less shock to displace the bones. The tibia may be dislocated forward, backward, inward, or outward, in varying degrees. Sometimes the semi-lunar cartilages become torn or displaced. Synovitis of this joint is common, also tubercular disease. "Knock-knee" is a bony deformity of childhood that comes about from changes in and about the joint which weaken the ligaments and gradually cause arrest of growth; changes in the directions of the parts finally result in the deformity.

The fibula is not connected with the knee joint. Its head is connected by an oval facet with a similar one on the outer tuberosity of the tibia, and broad flat bands of ligaments hold it in place. Below, the tibia and fibula are connected by the rough convex surface of the one and the concave surface of the other, and they are held in place by ligaments in front, behind, across and between the bones. The bones have a very slight gliding motion.

The *ankle joint* is a hinge joint, having only flexion and extension. It is formed by the lower end of the tibia and its malleolus, the external malleolus of the fibula, and the upper surface of the astragalus. The leg bones form a mortise to receive the upper convex surface of the *astragalus*, one of the tarsal bones. It has a broad thin ligament in front; thin transverse fibres posteriorly, one internal lateral, and two external lateral ligaments. Dislocations of this powerful joint are not common, but sprains are more common here than in any other joint in the body, and they are frequently followed by synovitis.

The *tarsal articulations* are difficult to describe, owing to the irregularity of the seven bones, and their numerous and complicated ligaments. The two largest

bones, the *os calcis*, or heel bone, and the *astragalus*, which is connected with the tibia, form by their union a gliding joint, and are connected by four ligaments. The heel bone is united to the *cuboid* in the next row by four ligaments; the heel bone does not directly articulate with the *navicular bone* in the second row, but is connected to it by two ligaments; the *inferior calcaneo-navicular ligament* is a broad, thick, strong one which is principally concerned in maintaining the *arch of the foot*. When this ligament loses its firmness the foot becomes flattened and turned outward as in the condition called "flat foot."

We need not enter further into the study of the tarsal articulations. Suffice it to remind the student that although a strong ligamentous union exists here, yet, in spite of this, dislocations do occur occasionally. The *articulations of the tarsals with the metatarsals* are strengthened by numerous ligaments, and supplied abundantly with synovial membranes.

The *metatarsal bones*, and the *phalanges of the toes*, are connected together by ligaments similar to those between the metacarpals and the digital phalanges.

When a joint is injured all the tissues that go to form it are liable to a variety of injuries, yet, as a rule, ligaments become strained (a sprain), cut, or ruptured, cartilage and bone become bruised or broken, synovial membranes become bruised, punctured, cut, or torn, and the blood-vessels and nerves come in for their share of the injury. A joint may be wounded, concussed, sprained, or dislocated. A sprain is often more painful and stubborn in treatment than a fracture. Sprains require prompt attention. The ankle and the wrist are especially

liable to sprains, the joints of the knee, elbow, ankle, and hands to lacerated wounds.

We learn in considering the synovial membranes in the joints that our bodies are self-oiling machines. Sometimes the joints creak just as machinery does which needs oiling and for the same reason—when something interferes with a sufficient supply of synovial fluid. An inflammation of the sac secreting this lubricating fluid is called *synovitis*. This may be with or without *effusion*, and the effusion may be serous or purulent. When joints become distended with fluid and the excess of fluid cannot be absorbed, it is often necessary to use an

aspirating needle and draw it off, or, in the case of pus formation, to incise and thoroughly clean and the joint. The knee-joint is especially liable to become inflamed, and requires the most painstaking care when its tissues are thus involved. A condition known as "housemaid's knee" is caused by an inflammation of the bursa situated over the patella. Joints which are naturally movable may become fixed or *anched* as a result of some disease process, or from surgical interference. When joints get out of place we say there is a *dislocation* or *luxation*. Putting them back in place is *reducing the dislocation*.

An Italian Training School for Nurses

PHYLLIS S. WOOD.

“IN connection with the Policlinic, a new building is now in process of construction. This building is to be used as a school for nurses. The new provision made by the hospital administration arises in consequence of the great help recently given by the work of the 'Dame Infermiere,' both in the recent disasters and during the strike of the infermieri in the Surgical Clinic. The new school will accommodate forty pupils.”

This notice appearing in the daily papers is hailed as a pleasing announcement by all deeply interested here in Rome in introducing this much felt want into Italy; but no one is as yet carried away by what it promises. Those who can calmly review the situation know that it will be many years yet before “*trained nursing*” will find a real foothold in Italy. It has never existed, and

in this advanced and enlightened age has only just been thought of; and in many instances, among the class of people from which the future candidates are expected to step forth, the scheme is met with quiet, smiling, indulgent contempt, not worthy a second thought. Some of the more educated, who have met with the commodity in England, sigh for it here, but even they dimly appreciate what it all means. In the course of their charitable works, and there is none more sincere than the Italian woman in her efforts to ameliorate the condition of her less fortunate neighbor, they have run across the horrible things that exist in the hospitals to-day in the caring of the sick. The Italian hospitals, especially the Policlinic of Rome, are splendid buildings, constructed according to the newest and most modern ideas of sanitation and

hygiene, and supplied throughout with every appliance, medical and surgical, for the proper care of those they are intended for and for the work and study of the professors and students. But when it comes to the nursing a veil had better be drawn over that detail, because it constitutes no less than a scandal for a country whose medical science ranks as high as Italy's. The nursing department is in the hands of men and women gathered from the lowest and most disreputable class of people; underpaid, of course, as all other labor is in Italy; underfed and no provision for lodging them furnished by the hospital. Whither they go and whence they come between duty hours no one knows, as there is no head to direct or order their movements. They put in the time for what they can get out of it, with the consequent sacrifice of the poor unfortunates they are supposed to watch over and minister to. These are neglected, and abused when patience is needed, and robbed often of whatever little delicacies and money are brought to them by their friends. The hospital administration is aware of all this, but is helpless to remedy or stop these abuses, *because there is no one else to take their place.* These creatures are called "*infermieri.*"

The charitable and progressive women long to wipe out this shameful state of things, and their aim and ambition guide them to try to accomplish a reform within the hospitals rather than to introduce nursing as a good and useful profession for the Italian women. And no doubt they are right to begin there, but here is just where the first of the many obstacles toward introducing such a profession into Italy lies. Because of the disrepute into which the calling of "*infermiera*" has fallen no respectable young Italian woman will volunteer to

take up the work as a profession, especially within the hospital precincts. She does not object to devoting a few hours, two or three times a week, to a course of lectures given by a professor and followed by some slight practical work in a hospital ward, so that she may acquire skill and proficiency in an emergency; but the idea of leaving her home for a period of years and to pass that time in the hospital itself would be unheard of and ridiculous to demand of her. And then, also, why give so much time to it! She has a vivid imagination where the philanthropic element comes into the question, but no practical cognizance of making a useful career such as that of a nurse not only a means of exerting all her philanthropy, but also a means of earning a competent livelihood.

It is easily seen how little the Italian woman appreciates the seriousness of the calling of a trained nurse; how ignorant she is of the sacrifices that must be made to that calling if it is going to be undertaken with any real intention of making it a profession with a true market value.

Under the circumstances existing in Italy, conditions are peculiarly trying; also prejudices are hard to deal with and overcome. An unusual amount of abnegation in the setting aside of time-worn traditions will have to be displayed by the first women to enter the field.

In putting up this new building, destined for the future school, the hospital administration and the philanthropic ladies interested in this new endeavor will have to bear in mind that philanthropy, which, without a doubt should be the keynote of a nurse's career, must not cause them to lose sight of the fact that they are demanding sacrifices of unusual character from the forty young women whose study and work are to pro-

duce the reform they desire; and that they, on their side, must hold out some inducements to make that work as little repulsive as possible, and hold out some attraction till the true spirit among the pupils has developed. The career of a nurse in an Italian hospital, for the present, is anything but attractive to young women who have been shielded from the knowledge and contact of things dishonest to the extent that has been customary in Italy, even up to a mature age, because for some years to come, until a sufficient number of able women have been drilled into practice, these first pioneers will have to gain their practical experience shoulder to shoulder with the *rifraff* that people the hospital wards to-day.

The hospital administration thus far promises nothing but scientific instruction, both practical and theoretical, and the ladies talk eloquently and with enthusiasm on the beauty and joy of self-sacrifice and the opportunity for philanthropic expression.

Before closing, a word in explanation of the "*Dame Infermiere*" mentioned in the newspaper notice heading this article:

Several years ago Professor Oreste Sgambati thought justly of starting a course of lectures and practical instruction, which should be open to any young woman willing to take advantage of them, thereby fitting herself for emergency work, and becoming a useful member of the Italian Red Cross. There was a ready response to this from many women, but all of them from the aristocracy or from that class that have leisure and time for what others might look upon as a fad. Having taken the stated course they receive a certificate and the appellation of "*Dame Infermiere della*

Croce Rossa," or Lady Nurses of the Red Cross. The theoretical teaching in this course is extensive enough and covers very good ground, extending over a period of four years, but the course each year lasts only four months. The first year is given to Anatomy and Physiology. The second to Elements of Bacteriology, Infectious Diseases, and general care of the sick. The third to Asepsis and Antisepsis, to preparation and care of operating and dressing rooms, and to sanitary organization in time of war. The fourth year is given to work in both medical and surgical emergency. There is also a fifth year dedicated to massage.

Nothing could be more desirable than this course of instruction as it stands, if the lessons were accompanied by the necessary practice and personal experience, but that is so meagre as to be almost useless.

Willing hands and willing feet responded to last year's disasters, and at the time of the strike mentioned. But how much more valuable would the work of the "*Dame Infermiere*" have been had they had real, intimate knowledge of what they were doing; also, how much more forcibly could they have handled the, to them, vexed question of, "no nurses in Italy," when opportunity left them a clear field in the Surgical Clinic of the Policlinic here in Rome.

But no blame to them. They have at least made a beginning, if it is only a stumbling one, and through them the hospital administration is realizing that nursing the sick needs instruction and training, and that those called to fill that office must come from a class of people whose education and honesty of purpose can be depended upon.

That Necessary Evil, the Trained Nurse

ELLEN ST. C. WOOLLEY.

WHY is it that one hears on all sides so many complaints of and objections to the private nurse? One constantly meets people who look upon the advent of one in their homes as nothing short of a calamity. And this by those able and willing to pay the fees, and there are many who will rather struggle on under difficulties than employ a trained nurse. They say nurses want so much waiting on, are so autocratic, upset the household so, etc., etc.

One seldom hears complaints as to want of skill, or knowledge. It is invariably some want of tact, adaptability, or of the smaller refinements of nursing.

Private nurses often forget that their patients cannot be treated with ward-like precision, with utter disregard of wishes and idiosyncrasies, that often to them seem stupid fads—and that is often the reason that an excellent ward manager, a brilliant theorist, fails in private work, for the executive ability which counts for so much in hospital routine becomes valueless in comparison with the tact and adaptability, so very important in the case of a private patient.

A nurse must be able and willing to adapt herself to the habits and idiosyncrasies of her patient, and, indeed of family. She should be very careful not to disturb—as far as practicable with the nature of the sickness and doctor's orders—the ordinary arrangements of the household, and to make no unnecessary work, always remembering that she has come to help in a time of trouble, and that it is not derogatory to herself or profession to give assistance in things not strictly her work.

She will not lose dignity by washing a few dishes or carrying soiled ones downstairs, often saving a tired housewife or help many journeys. There are nurses with such an immense idea of their "professional dignity" that they either cannot or will not realize that it is their duty to attend absolutely to their patient's room, unless, of course, he is in such a condition that this is impossible. Then certainly the family will quite understand, and not expect it. The writer has always found, during eight years of private work in all classes of homes, that the majority of people are considerate of the nurse and respect her, and it remains for us to remove the stigma attached to us, as a class, by a few thoughtless ones. Invalids are often utterly unreasonable, and a nurse should learn to make allowances between mental and physical states. It is as much a part of some diseases as the physical symptoms, and perhaps as little under control, and we must bear in mind that diseased fancies cannot be argued away. The senses of the sick are often abnormally acute and a source of discomfort, such as a bad odor or a draught may be very evident to them though imperceptible to any one else.

The writer learned valuable lessons during a six weeks' illness and certainly saw from a patient's point of view what the neglect of the little refinements of nursing mean to the sick—doors banging and creaking, loud talking and whispering, untidy trays, overfull cups and glasses, and last, but not least, frequent noisy conversations through the telephone, often at most inopportune times.

All these small things no doubt are magnified by the sick, but to them they are often very real grievances. To one's patient one owes attention to whatever affects his health or comfort, and one should ever be on the alert to minister to, and even anticipate, his many wants.

One often finds objection to fresh air, or cleanliness, or certain of the doctor's orders, though of course these cannot be yielded to. Yet a nurse can usually, by gentle diplomacy and not by argument, overrule them.

Familiarity is unbecoming and unnecessary. A gentle, dignified manner will win respect and often affection.

Another complaint one often hears is that of nurses exacting off duty time too rigidly. The writer was told of a case where an obstetrical nurse left her patient for three hours on the second day, there being only a young hired girl in the house. A nurse must have rest and outdoor exercise—it is her duty to herself and patient; but here again one cannot act with hospital-like precision. There are times

and cases where a nurse cannot leave her patient in any degree of safety, and a nurse must not demand too rigidly what she—perhaps rightly—thinks her due. To be a success in private nursing, indeed in all branches of the work, one should be utterly unselfish. This virtue is indispensable, for the ideal nurse, worthy of her calling, is inspired by love, not policy, and she will appreciate the dignity of her calling—caring for the sick and dying. Surely if we realized more the privilege of thus helping suffering humanity one certainly would hear fewer complaints and less grumbling and dissatisfaction among nurses. Let us remember

Love never faileth;

Love suffereth long and is kind.

And pray:

God give us skill in nature's art,

That we may be sanctified and set apart
Unto a life of sympathy.

For heavy is the load of woe in many a
heart,

And comforters are needed much
Of Christ-like skill and touch.

Pennsylvania.

The alumnae association of the Scranton Training School for Nurses held their regular monthly meeting at the State Hospital, Thursday, January 13th, 1910, Miss Gamewell acting as president. Ten members were present. After roll-call, minutes of the December meeting were read and approved, treasurer's report read and accepted, and election of officers as follows: President, Harriet B. Gibson, R. N.; vice-president, Katherine Vet-

ter; secretary, Jeanette A. Edwards; treasurer, Jennie Quinn. Member of Executive Committee elected, Emily Gamewell. A note of thanks was given retiring officers for faithfulness and efficiency during the past year. A very interesting and instructive paper on the hookworm disease was read by Miss Gibson. A rising vote of thanks was given for same. There being no further business, the meeting adjourned to meet February 10, 1910.

JEANETTE A. EDWARDS, Secretary.



Editorially Speaking

The Special Committee on Nursing

THE work begun by the special committee on the training of nurses of the American Hospital Association last year is to be continued this year when the problem of providing efficient nursing for middle-class patients will be the subject of special study. The committee appointed for this purpose is composed of Dr. F. A. Washburn, superintendent of Massachusetts General Hospital, Boston; Dr. Young, Assistant Superintendent, Presbyterian Hospital, New York, and Miss Mary Riddle, of Newton, Mass. The problem before this committee is one of the most complex of all nursing problems. Many think there is no solution for it. Some hope the committee will make no recommendations except that the subject be dropped. Others have strong hopes that some wise, fair, feasible plan may be presented that will commend itself to general favor, as did the report of the committee last year.

In the report rendered last year and endorsed by the association, the committee recommended that special hospitals and hospitals of less than twenty-five beds do not attempt to give the curriculum as outlined, but that they confine themselves to the training of attendants, giving a one-year course, thus helping to meet the need of a less expensive grade of nurses. It is earnestly hoped that the committee of this year will complete this recommendation and present some workable plan for keeping the cheap grade of nurses in the field for which they have been trained. To produce the cheaper

grade of nurses is very easy. It can be accomplished in a variety of ways, but to regulate them when they enter the nursing field is the problem upon which we hope the committee will throw light.

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The Misplaced Surgical Sponge

HOSPITAL accidents are far from being rare, and the accident of leaving a sponge in the abdomen occurs all too frequently. Lawsuits galore have followed this accident, and many deaths have resulted from the nurse miscounting the abdominal sponges, either when putting them into packages, or before closing the wound. The nurse who, in putting up sponges, counts two together as one, and labels a package "24 abdominal sponges," when in reality the package contained 25 sponges, very frequently does not realize that a human life and a costly lawsuit may be the result of her little error in counting.

Before us lies a newspaper account of such an accident, headed "*Someone blundered and a woman's life is the forfeit. Trained nurse operated upon in Pennsylvania hospital dies in Massachusetts institution. Sponge had been sewed up in wound by mistake.*"

This nurse had committed herself with full confidence into the hands of one of the best and most noted surgeons in Pennsylvania, so the report states. After weeks and months of intense suffering she again entered a hospital, seeking relief, but from admission her case was hopeless. A sponge six inches square, with a little tag attached to it, was found in the abdomen. The paper states that

it was supposed the nurse made a mistake in her count and believed that all the pads were removed and accounted for.

Superintendents, nurses and doctors who have lived in dread of such accidents happening where they were responsible will be interested in the article by Dr. Crossen, which appeared in our January issue. Dr. Crossen is one of the leading gynecological surgeons of St. Louis. He has succeeded in working out a simple plan for prevention which at least merits the consideration of those who have any responsibility for the prevention of such accidents.

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The Registration Situation

THE Medical Standard, Chicago, in its October issue, devoted considerable space to the general nursing situation. About a dozen prominent physicians in different parts of the country contributed to a symposium on the Registered Nurse. Dr. Newman Dorland, Philadelphia, contributed a radical paper dealing with different phases of present nursing conditions. While his paper contained some points which afford food for serious thought, it gives the impression that it is tinged with prejudice because of experiences with certain local conditions and people. There is a great deal in the paper which we could not endorse, while at the same time we welcome the discussion in the medical journals of the general conditions that prevail. There has been far too much indifference on the part of physicians and the medical press to the general prevailing conditions in the nursing field. The Trained Nurse is fully convinced that little in the line of substantial progress will be made in the regulation of nursing unless the physicians give their sympathy and support to the plans.

The present coercive methods that are being worked to force nurses to register are bound to fail in the country as a whole, while they may seem to be successful in certain schools. Some other plan must be found by which to exert the proper compelling influence which will lead those who are eligible to seek for registration. A plan which seems to have possibilities in it is under consideration in at least one State, and we have been favored with a copy of the bill which will probably be presented at the next session of the Legislature. The bill is designed to protect the public from grossly incompetent workers in the sick-room, especially in the line of midwifery, maternity nursing, and the care of infectious diseases. It aims to bring all who practice these lines of nursing under the supervision of the Board of Health, which is expected to inquire into the fitness of the applicant for such work, and especially requires that they must understand germ diseases sufficiently to exercise ordinary measures toward prevention. This bill will probably be much modified from its present form before it reaches the Legislature, but it seems to offer a possible solution of a very serious difficulty. As the bill now stands it has serious defects, but it seems to have possibilities of greatly improving nursing among the lower and middle classes. There is a nurse registration law already in existence in the State where this bill is being considered. We would strongly urge a greater effort to co-operate with physicians, and earnestly ask that nurses in general cease to confine their efforts to improving training schools and professional nurses, and give their support to any definite measures that tend to regulate the whole nursing field and improve the care of the sick of all classes.

The Training of Anesthetists

WE receive frequent inquiries from nurses about where they may apply in the hope of receiving a training in giving anesthetics, how long a course this should be and various other details about this newer line of work to which some nurses have been called. We are strongly of the opinion that such work should only be attempted by graduates who have had some experience as independent workers, who choose that line as a specialty, and who are willing to give time to preparation. For such nurses, opportunities of securing proper training for the work will probably be offered in time. It would seem as though some surgical hospitals giving post-graduate training would be the places for such courses to be established. It would, of course, not take long at present to swamp the field with nurse anesthetists, for the medical and hospital worlds are by no means united as to the wisdom or propriety of nurses taking up this work, and there are decided differences of opinion as to such work being included in an undergraduate course. The question is full of perplexities and we shall be glad of any light or any suggestions on the subject. If there are any schools offering a course of this kind for graduate nurses, we shall be glad to know it. We shall be glad also to hear from nurses who have had such training and made a success of it financially; also as to how best to go about it to secure a position, whether to or through physicians or direct to institutions. Some nurses doing hourly nursing might perhaps find calls for such assistance in operations in homes if they had had this training. * * *

Apropos of this subject, the General Medical Council of Medical Education and Registration of Great Britain has en-

dorsed the following finding of its Anesthetic Committee: "That it is desirable in the public interest that the administration of anesthetics for the purpose of inducing unconsciousness or insensibility to pain during medical, surgical, obstetrical and dental operations or procedures should be restricted by law to duly qualified medical practitioner, due provision being made for the practical instruction of students, and for cases of emergency."

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A Plea for Ventilation

IN his paper on "Re-Infection in Tuberculosis," which appears in this number, Mr. Uniker warns the patient against the crowded theatre or concert hall. We believe he should have added churches. From our experience there is no place where there is such a criminal disregard of proper ventilation as in the average church; that others share this view will be seen from the following letter, recently published in a New York daily paper:

"Last Sunday I attended service in one of our fashionable churches. The building was crowded to its capacity, and the oppressiveness of the atmosphere was startling, but not a window or ventilating pane was open to let in the fresh air for which all, consciously or unconsciously, were suffering. It was only when a pew-holder called the attention of an usher to this grave neglect that the objectionable condition was even in slight measure remedied.

Very large gifts have been given recently by different philanthropists to further the crusade against tuberculosis, but as fresh air is not only the best cure but also the best preventive, it seems a

thousand pities that it should be systematically excluded from churches and other public buildings. * * *

Let the anti-tuberculosis committee see to it that a suitable expert is appointed to supervise ventilating facilities in our churches, schools, theatres and other public buildings, or urge our boards of health to attend to this vitally important matter." * * *

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As Others Do to Us

UNDER the above caption an English nurse writes in *The Nursing Mirror* of her experience as an appendicitis patient in a Boston hospital. We hope her experience after operation was somewhat unusual. More than one nurse has said that an illness which she herself had was an important part of her training, but it does seem as if a nurse who was at all fitted for her work would have guarded against some of the minor discomforts mentioned by this nurse patient. Her letter may help some American nurses to think on these things:

"I had visited one of the private hospitals or nursing homes in the city and admired the fine, up-to-date operating room. It was to that particular one I asked to be taken, feeling as keenly interested in the details of the case professionally as though I were not the subject under discussion. The preparation was practically the same as in English hospitals, with the exception that a sterile towel is used as a swathe instead of the perchloride compress. After a night of sleeplessness, due in part to the unaccustomed noises of hospital—including a crying infant in the next room—I made my way down to the operating-room at 8:45 A. M. How many times I have escorted pa-

tients there myself, and how little I thought or knew of their feelings under such circumstances, so much occupied were we always in having everything in surgically perfect condition. A very few long breaths and my troubles were temporarily over. After an interval I opened my eyes drowsily and looked around. A nurse sat by my side, reading. She was a stranger to me, but after making up my mind that I was really on earth I asked the time. "Eleven-thirty," was the reply. I next inquired if my friend was there. "No one is here; is there some one you expected?" was the reply in somewhat icy tones. (Even then I thought, Did I ever treat a patient with such indifference? I hope not.) I continued to try and collect my scattered senses; my nurse continued reading. The next twelve hours I do not want to remember long enough to write about. I had an unusually bad ether sickness and back-ache, during which time I learned much about the difference there is in being moved by a nurse who has been trained to lift properly and one who has not. I also learned much about the importance of details to a patient. For instance, I grasped the fact that a window blind drawn up awry meant that my eyes always turned to that particular window; the inartistic arrangement of the flowers worried me; but most of all the knowledge that I was left for some time with my bell just out of reach and something placed in front of the clock made me intensely nervous. All these things seem trivial, perhaps, but as a nurse of good training and years of experience, I want to say to fellow-nurses that the twelve days spent as a patient taught me more than any number of text-books on the subject of the care of a patient after an operation. I may have erred in just the small things I write of in my own nursing career, and I hope that my remarks may reach other nurses who will profit by them without having to learn their importance by sad experience."

The Hospital Review

Social Service in the Hospitals.

A conference on social service in the hospitals, the first of a series on problems of social service, was held at the Free Synagogue, New York, a few weeks ago, says "The Survey."

Dr. Richard C. Cabot, of the Massachusetts General Hospital, who was the principal speaker, said that the hospital and the hospital dispensary were places "of assorted miseries of mind, body and estate." At least two-fifths of the patients treated need more than mere medical or surgical care. To these two-fifths and to the physician who treats them, the work of the dispensary without sympathetic advice and care in the home is "dust and ashes." To add these essential elements to the work of the Massachusetts General Hospital a staff of eight trained social workers, with a varying number of volunteers, was formed five years ago. Though the financial is not by any means the most important side of the work of this staff, that it is important is shown by the fact that in one dispensary that came under Dr. Cabot's observation five years ago, only seventy-five out of one hundred patients for whom glasses were prescribed could afford to have the prescription filled. A perfect diagnosis without the means of carrying the treatment out is worse than wasted, and to meet the material needs the Massachusetts General Hospital has put itself in touch with hundreds of charitable agencies.

The personal work of the social visitors covers psychiatric work and the teaching of hygiene, preventive and curative. Tuberculosis patients are followed up in their homes and this, rather than printed tracts, has been found to be the means of accomplishing the radical hygienic changes that are necessary not only for the sake of the patient, but to prevent the spread of this disease. Hygiene has been successfully taught, too, in a larger proportion of the medical dispensary cases, in about four-fifths of which good home condi-

tions and care are the most essential elements of the treatment. The psychiatric work is of vast importance and calls for all the visitors' power of sympathy and persuasion. Nervous troubles are just as common to the poor as the rich, and cause them infinitely more suffering from the fact that they are surrounded by no sympathetic influences and are continually harassed by money troubles.

Two workers devote their whole time to this class of patients, with the most encouraging results. Sympathy and persuasion must be brought to bear also on patients needing operations. Such a work has been begun, especially for the treatment of varicose veins, that most common disease of poverty and hard work, hitherto treated most unsuccessfully by medical instead of surgical means. Another phase of this spiritual side of the social visitors' work has been the care of pregnant unmarried girls, whose position exposes them to the danger of social outlawry and prostitution.

Dr. Goldwater, of Mt. Sinai Hospital, who opened the discussion, spoke of the Massachusetts General Hospital as the greatest example among the thirty hospitals at present carrying on social work in this country, and Dr. Cabot as the greatest social worker. But he traced the idea back to Oliver Wendell Holmes, and showed that Mt. Sinai, the Lying-In and other New York Hospitals have for many years had funds for social work. Both Dr. Goldwater and Dr. Goldstein, who followed, dwelt upon the defects still existing in the hospitals, the vulnerable points that should be attacked by social service. Chief among these are the inadequate provision of convalescent homes and the conservatism of the hospitals in regard to the admission of certain types of cases. The exclusion of erysipelas and venereal diseases from the vast majority of hospitals, the former on account of an exaggerated idea of its contagious character, and the latter out of regard for the sensibilities of contributors to the hospi-

tal funds, causes untold suffering. A record of cases not admitted should be kept by the various hospitals with a view of finding what types of cases are as yet inadequately provided for. The indifferent routine character of the work of many hospital staffs must be changed. The work of the specialist should be connected more closely with that of the hospital staff and the general health of a patient under treatment for some special disease should receive attention also. Social workers alone cannot satisfy the demand for human sympathy. Superintendents and physicians must also be interested in this spiritual treatment of earthly ills.

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The Hospitals and the Home Patient of Moderate Means.

In a paper presented before the New England Association for the Education of Nurses, Dr. Frank N. Patch suggests the desirability of hospital training schools making provision for a large extension of undergraduate nursing service to people of moderate means in their homes. In proposing his plan he made the following claims: First, undergraduate extension service will settle the controversy between the advocates of two years and those of three years as a proper period for the nurse to spend in training.

Second, It will give the pupil a wonderful opportunity for further object study in her profession along social and humanitarian lines.

Third, It will relieve in some measure the financial drain in the conduct of the training school.

Fourth, It will produce a body of nurses with a more fully rounded education, better grounded in the humanities, better fitted to handle the countless practical problems arising during sickness in middle-class homes, and more suited to become centres of personal influence in later life.

Fifth, It will in a large measure meet a real and crying demand for an efficient nursing service on the part of a great self-respecting body of people who are able and willing to pay moderately for that which they are evidently unable to have at "regular rates."

One of the hospitals working along the lines suggested is the New England Baptist Hospital of Boston. Speaking of its work, the

Boston Transcript makes the following comment:

"The New England Baptist Hospital has made its most important enlargement the present season in its nurses' home. To this have been added ten rooms. The increase has been done with a view to the furnishing of more nurses to persons outside the hospital than formerly. It will be remembered that one of the problems of the present day is the furnishing of nurses for families of moderate means. To such families, while they are self-supporting and making headway in the world, the cost of a full-fledged, regular trained nurse would be out of the question. Many discussions have been made on the subject, one proposition being to furnish nurse students to such families and permit the nurses to count such service in their experience, furnishing their services for less than they would if graduated by the school. In this question the Baptist Hospital has been much interested, and is itself trying the experiment along the lines indicated. It has an excellent training school and the complement of nurses for the hospital as it exists to-day is cared for in the buildings as they are, but with the desire to lighten a little the hardships of those in the outside world who bear their ordinary burdens well and can help materially toward caring for the extraordinary burdens, the additional rooms are being installed.

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Bonner's Ferry Hospital.

A hospital is to be opened in the near future at Bonner's Ferry, Idaho, which is a beautifully situated small town, reached by the Great Northern Railroad from Sandpoint, and on the Spokane International Railroad. It is about 110 miles from Spokane. It has a large lumber camp, which is its principal industry.

Heretofore all cases have been taken to Spokane, or to Kalispell, Mont. Notices have been posted in this lumber camp that each employe must become a member of the hospital association, or deposit \$1 per month, and he will then be cared for in accident or sickness. The hospital will start with seven rooms and an operating room, and will be enlarged as required. It is beautifully situated on a high hill overlooking the Kootani River.

Notes and News.

The new Griffin Hospital at Ansonia, Conn., has been opened for the receipt of patients. It is one of the most complete of the many hospitals of New England. Miss Sara E. Parsons, who recently took the course in hospital management given at Massachusetts General Hospital, is superintendent. She will be assisted by Miss Augusta Lawson as day head nurse, and Miss Bertha Cornwall as night supervisor.

Mr. John C. Bernard has given the sum of \$100,000 to the Maternity Outdoor Clinic of New York City. This will enable the Clinic to develop its work in the treatment of infants during the first months of their lives and in the education of mothers in the care of their children.

The purpose of the clinic is to give care to women who are about to become mothers and to the infants during the early part of their lives.

At the annual meeting of the Beth Israel Hospital Association, New York City, the following directors were elected: Dr. D. A. Ansbacher, Raphael Hurwitz, A. E. Isaacs, M. D.; Adolph Lewisohn, Kaufman Mandell, Joseph S. Marcus, Nathan Marcus, William Oppenheim, Joseph Zelenko, Elias Surut, A. E. Rothstein, R. Sadowsky, S. J. Silberman, and Paul J. Sachs.

Mr. Lewisohn then announced an additional donation of \$10,000 to the building fund, making \$35,000 that he has already donated; Mr. Elias Surut announced the donation of \$5,000 in addition to the \$2,000 that he has already donated. Uriah Herrmann donated \$1,000, Mrs. H. F. L. Ziegel \$1,000, Mr. Joseph Zelenko \$1,000, Mr. Paul J. Sachs \$1,000.

The Masonic Order of Missouri will build a hospital in connection with the State Masonic Home on Delmar Boulevard, St. Louis. E. F. Allen, of Kansas City, is chairman of the building committee.

Health Officer McCandless has started a movement for a tuberculosis hospital in New-castle, Pa.

The Physicians' and Surgeons' Hospital in Wilmington has been opened for the public.

A plan has been launched by several Chicago physicians for the establishment of a large tuberculosis institute near Las Vegas, N. M. A large tract of land is to be purchased and accommodations provided for 1,000 patients. Among those interested in the project are: John M. Dodson, John A. Robison, Frank Billings, Robert E. Preble, Bertram W. Sippy, T. C. Brown, Ripon, Wis.; Edwin B. Tuteur, E. J. Doering, Henry F. Byford, George Simmons, Albert J. Ochsner, Fred Carl Zapffe, Frederick A. Tice.

The Saratoga Cure and Hospital has been incorporated at Saratoga Springs. The directors are: Drs. G. F. Comstock, D. C. Moriarta and Miss Florence Monell.

Through the generosity of Mrs. John Fowler, the St. Louis Children's Free Hospital is to have a new modern hospital building and nurses' home.

Plans are being drawn for a nurses' home in connection with the Montana Deaconess Hospital at Great Falls. Miss Augusta Ariss is superintendent.

Plans for the merging of the Polyclinic Hospital, Philadelphia, with another institution are being considered.

Almost \$50,000 was raised by the Saturday and Sunday Hospital Association, to be divided among the hospitals of St. Louis for the support of charity patients.

Springfield Hospital, Mass., has received a bequest of \$82,000 from the estate of the late Horace Smith. Nearly \$1,000,000 was left for charitable and benevolent purposes.

The Lawrence Hospital at Bronxville, N. Y., has received a gift of \$150,000 from the founder, W. V. Lawrence.

A \$50,000 addition is to be made to St. Mary's Hospital, at Green Bay, Wis.

Massillon, Ohio, City Hospital is to receive a \$20,000 addition to its endowment fund.

A new \$60,000 building is to be added to the Milwaukee Hospital. Rev. Herman Fritschel is superintendent.

Book Reviews

Visiting Nursing in the United States. Containing a directory of the organizations employing trained visiting nurses, with chapters on the principles, organization and methods of administration of such work. By Yssabella Waters, Henry Street (Nurses') Settlement, New York City. For sale by the Lakeside Publishing Company. Price \$1.25. Postage ten cents extra.

It is a long time since anything valuable was published in book form on district or visiting nursing in the United States. Therefore, the entire nursing profession will welcome this work for which there has been a crying need.

Its object is to show what is being done in this country by district nurses and to show the most recent extensions of the work in tuberculosis, hygienic and sanitary school inspection, social welfare, etc.

It is hoped it will help to establish new societies and strengthen and encourage those already established. We believe it will, and we congratulate Miss Waters on what she has accomplished.

This work is divided into two parts, the first being History, Principles, Organization and Administration. The third chapter of this part contains the articles and by-laws of several important district nursing associations.

Part II. is a directory of organizations all over the United States and statistics concerning them. The statistical tables contain practically all available information.

Every nurse with even the faintest interest in visiting nursing should read this book. Every nurse really deeply interested *must* read it. It stands to-day the one authoritative book in America on the subject.

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Girl and Woman. A book for mothers and daughters by Caroline Wormeley Latimer, M.D., M.A., formerly instructor in biology, Woman's College of Baltimore, with an introduction by Howard A. Kelly, M.D., Professor of Gynecological Surgery, Johns Hopkins

University. Price \$1.50. For sale by Lakeside Publishing Company.

From time to time books of this character have appeared, but while many of them have been interesting and some instructive, there was usually some fault, more or less serious, to detract from the work. Perhaps the author had some fancy, fad or foible upon which he or she laid undue stress, and as the reader could not accept the writer's statements when discussing the foibles, or anything which approached it, so a certain doubt was cast over everything else in the book.

"Girl and Woman," by Dr. Caroline Latimer, avoids all this. It is the best book on the subject we have seen, and is normal, safe and sane throughout. Dr. Latimer's experiences as a physician, coupled with her common sense as a woman, have united to produce a work which has received the praise and endorsement of such a man as Dr. Howard A. Kelly. It would be a work of supererogation to say more in praise of the work, and we will, therefore, simply mention the fact that the book is divided into eleven chapters as follows:

Physical Disturbances of Girlhood; Mental Disturbances of Girlhood; Moral Disturbances of Girlhood; Reproduction; Menstruation; Sexual Knowledge; Bodily Functions, Exercise, Sleep; Personal Hygiene; Daily Life During School Days; Daily Life on Leaving School; Minor Ailments.

The book contains over 329 pages and is printed in a large and readable type.

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Biographic Clinics. Essays concerning the influence of visual function, pathologic and physiologic, upon the health of patients, by George M. Gould, M.D., formerly editor of *American Medicine*, author of various medical dictionaries, "*Borderland Studies*," "*The Meaning and the Method of Life*," "*Right-handedness*," etc. Price \$1.00. For sale by Lakeside Publishing Company.

This is the sixth volume of the interesting series, "Biographic Clinics." Like all of Dr. Gould's books, the views are frequently strikingly original, and although all physicians do not agree with him and accept his views entire, there can be no possible doubt that the reading of one of his books will furnish the intelligent reader with many new and fundamentally sound ideas, and give him or her much food for thought.

The title of this volume illustrates its contents. The book is made up of twenty-two of these essays, among which we were particularly interested in the following chapters: Chapter II., The Case of Jonathan Swift; Chapter V., A Remarkable Case of Epilepsy, Caused by Eyestrain; Chapter VI., From the Patient's Point of View; Chapter IV., The Experience of a Man and of His Wife in Changing Spectacles; Chapter X., A Strange and Illogical Case of Suicide; Chapter XXII., The Role of Visual Function in Animal and Human Evolution.

As usual, Dr. Gould's style is clear and interesting.



Publications of the Health Education League.

These consist of a series of little booklets, each of vest-pocket size, bound in paper and running from eight to forty-six pages. Some of them are illustrated. Titles, authors, and prices follow:

Hints for Health in Hot Weather. Two cents each, \$1.50 per hundred.

Milk. By Charles Harrington, M. D. Three cents each, \$2.50 per hundred.

"Colds" and their Prevention. Two cents each, \$1.50 per hundred.

Meat and Drink. By Ellen H. Richards. Three cents each, \$2.50 per hundred.

Healthful Homes. Four cents each, \$3.00 per hundred.

The Successful Woman. By William R. Woodbury, M. D. Four cents each, \$2.50 per hundred.

The Boy and the Cigarette. By H. Sterling Pomeroy, A. M., M. D. Five cents each, \$3.00 per hundred.

The Care of Little Children. By R. W. Hastings, A. M., M. D. Three cents each, \$2.50 per hundred.

The Plague of Mosquitoes and Flies. Two cents each, \$1.00 per hundred.

Tonics and Stimulants. By Ellen H. Richards. Two cents each, \$1.50 per hundred.

Emergencies. By Marshall H. Bailey, M. D. Eight cents each, \$5.00 per hundred.

Microbes, Good and Bad. By Anne F. Rogers. Four cents each, \$3.00 per hundred.

The Care of Babies. By Gaetano Praino, M. D. Wall Card (10x14), in Italian. Three cents each, \$2.50 per hundred.

The Efficient Worker. By Ellen H. Richards. Four cents each, \$2.75 per hundred.

Sexual Hygiene. By an Experienced Physician. Four cents each, \$2.50 per hundred.

Health in Labor Camps. Three cents each, \$1.75 per hundred.

Tuberculosis (Consumption). By Edward O. Otis, M. D. Five cents each, \$3.00 per hundred.

Samples of these booklets will be sent post-paid to any address on receipt of price.

Address The Health Education League, 113 Devonshire street, Boston, Mass.

The distribution of these little booklets, sometimes at a fair profit, sometimes at one-half to one-fourth their cost, sometimes free in the most needy places, is a wise benevolence. They are used by many hospitals, churches, missionary societies, clubs, charitable organizations, educational institutions, public schools, and even business houses.



The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS.

Nursing and Ideals.

To the Editor of The Trained Nurse:

Does nursing elevate or lower our ideals in life? I believe the average woman who enters a training school for nurses leaves it with lowered ideals of truth, of righteousness, of obligation to her fellow men. I speak what I believe to be terribly true. And I believe that "Transplanting the Training School" would eventually tend to elevate the tone in the training schools. Then the nurse would begin with confidence—she would not feel called upon to act on the advice of a senior and "make a bluff at it."

In what other of the higher callings in life is no preliminary education required? Why so in this profession? True, "we learn to do by doing" is nowhere more true than in this great work, but is it fair, to nurse or patient, to be compelled to "bluff it"? To pretend to know what through no fault of hers she does not know, while in justice to her patient she feels that she should know? Give us the preliminary education, give us the theoretical side of nursing, give us a training school at least a little less under the domination of the hospital. Give us "trained nurses." Then will there be no "bluffing," no lowering of ideals, no downward tendency to the "high grade of moral character."

A CHICAGO NURSE.

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Keep the Tracks Clear.

To the Editor of The Trained Nurse:

"Envy will merit as its shade pursue,
But like a shadow proves the substance true."
—Pope.

Apropos of the discussion in THE TRAINED NURSE concerning the ethics of nursing, I wish to say this:

The nurse should stand or fall on her merits as a nurse, regardless of her ability in other directions, and if she is a good nurse nothing should stand in the way of her employment and availability to those in need of her.

The importance of the best possible care for the sick, and the best possible armamentarium

for the physician, makes it necessary to clear the tracks of everything that would be in the way of the physician's commanding the best nursing talent as he sees it, and he can be trusted to judge.

Many a physician knows from experience that the best of nurses sometimes exist who are mediocre at anything else, that even some superb ones have been formed out of the raw material without other than the experience the physicians of their immediate neighborhoods have given them, and that since these are often the most easily available for an emergency, it is wrong to handicap the situation by registration laws or other devices, as this menaces the patient's welfare.

So I am constantly reiterating here and there, "Place no barriers between the physician and his patient; rather leave the way well open for his availing himself of the best nurse he can find.

A. P. REED, M.D.

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Education and Morals.

To the Editor of The Trained Nurse:

Referring to Miss Aikens's letter in the January number, in which she replies to Mrs. Lockwood and Miss Hasson, I would say that I think Miss Aikens comes nearer the truth than either of the other writers. Through no fault of my own I am not a graduate of either high school or college, but I am a graduate of the same training school for nurses as both Mrs. Lockwood and Miss Hasson. The statement that education is a guarantee of moral character is, I believe, not borne out by fact. In the university town where I reside I have seen many educated apologies. When a pupil nurse I found very often the best work in the wards done by nurses with the so-called limited education. They were painstaking, practical, thorough and reliable, not deeming any duty beneath them, and as I have followed them in after life, I find they get the best results and receive praise for work well done, from both physicians and patients. Knowing

their limited education, they are always eager to learn both by experience and observation—two very good teachers.

I would have desired a better education for myself and the other unfortunate nurses had it been possible. But perhaps we would then have been too puffed up to do the work required of us as private nurses. We cannot all fill the higher positions. We must have some privates in the ranks, for no battle can be won with officers alone. We poor non-high school mortals can be teachable, obedient, faithful and trustworthy. With all the education in the world and without these qualities, we would be failures as nurses.

M. IVERS BURWELL.

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Nurses' Food.

To the Editor of The Trained Nurse:

Having just come to my room after waiting twenty minutes for "second dinner," as it is called here, I am in the mood to ask if it would be in order for some good authority to give us an article on "Nurses' Food." I know in private nursing the nurse requires good food to keep up her strength. Where is the doctor who can scientifically explain the justification of feeding to pupil nurses things that would be scorned by a dog.

How many members of the Board would expect even their servants to give their best work when poorly fed? And yet a nurse must always do her work rapidly and well and keep cheerful twelve hours out of the twenty-four.

Please have some one give the Board a good helpful article.

Now I feel better and shall feel still better when I have spent a little money, that should go for books, for a little food.

A SUFFERER FROM POOR FOOD.

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Regulation.

To the Editor of The Trained Nurse:

Will you kindly let me know through THE TRAINED NURSE what is the required degree of preliminary education for admission to training schools for nurses, and which is compulsory in order to take the R. N. examinations in New York State?

Also:—If a nurse is registered in Pennsylvania, is she free to use R. N. if practising in another State? (New York). Would a nurse who was graduated from a school in

good standing some ten or more years ago in Pennsylvania, and who has since then practised in Canada, be allowed to affix R. N. to her name, without examination, on application to the board, if she were to return to that State to practise.

I appreciate thoroughly the articles by Miss Aikens and the editorials, and, in fact, I find THE TRAINED NURSE journal most helpful and interesting.

ONE INTERESTED.

1. After January 1, 1906, all registered training schools for nurses must require of pupils applying for admission the completion of a one-year high school course subsequent to an eight-year grammar school course or the equivalent.

2. If the school is registered with New York Board of Regents.

3. If application is made before June 1, 1912.

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Do Nurses Want Registration in Penna.?

To the Editor of The Trained Nurse:

According to the Philadelphia North American of December 7, just 485 of the estimated 10,000 trained nurses in this State have taken advantage of the new act of the Legislature, which permits them to tack R. N. after their names. Four hundred and eighty-five out of 10,000 does not look as if nurses were anxious for State registration. I am, and have been receiving \$25 per week for my services. Neither the patient, the family physician, nor the specialist who visits the patient twice a week have asked me if I had R. N. after my name. A few ambitious women seem to have captured the nursing profession in Pennsylvania.

GRADUATE NURSE.

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Approval.

To the Editor of The Trained Nurse:

I agree with every word written in favor of THE TRAINED NURSE. It is not edited for the benefit of a self-esteeming few. The editorials suit me exactly. When I read the letter of N. Y. C. in the November number I wanted to pat the writer on the back. I agree with her, except regarding the responsibility for "Miss Dash." I believe the superintendent is often directly responsible for "Miss Dash." The faithful, conscientious nurse is not always appreciated. It is not always a question of how well a nurse does her work, but a question of the likes and dislikes of the superintendent.

GRADUATE NURSE.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

New York.

A special Christmas service of the Guild of St. Barnabas for Nurses was held at the Church of the Heavenly Rest, Fifth avenue and Forty-fifth street, New York City, on Sunday, January 2, at 4 P. M. The topic for the meeting was "Nurses' Work and Nurses' Opportunity." Right Rev. Frederick Courtney, D. D., C. L., was the presiding officer, and the speakers were Dr. Alfred Worcester, Waltham, Mass.; Right Rev. Nathaniel F. Thomas, D. D., Bishop of Wyoming; Rev. Alden H. Clark, of the Congregational Church, and Major Charles Lynch, U. S. Army.

The committee in charge of the Christmas service was composed of the following: Mrs. Nathaniel Bowditch Potter, Miss Jane M. Pindell, Miss Elizabeth Golding, Miss Louise Schodts, Mrs. Russell A. Hibbs, Miss Virginia C. Young. There was special music.

At the Hospital of the New York Society for the Relief of the Ruptured and Crippled, New York City, a Christmas play was given for the little ones. There was also a Christmas tree. The nurses distributed the presents.

The January meeting of Camp Roosevelt, S. A. W. N., was held at the residence of Miss Charlton, 596 Lexington avenue, January 6, from 2:30 to 5 P. M.

The Buffalo Nurses' Association met on January 3 at 86 Delaware avenue, at 3 o'clock. Paper, "Private Nursing Ethics," Dr. Jeanette Oliver Prescott. Discussion led by Miss Maude Beach Crary. Question box in charge of Mrs. Alice Smith. General discussion, "The School Nurse."

The regular meeting of the N. Y. H. Alumnae Association, New York City, was

held December 9. Miss Pindell's report of the Central Registry Committee was read and discussed. The president spoke of the request received from the National Board of the Young Women's Christian Association to co-operate with the County Association in the Central Registry. Miss Goodrich gave a talk on the International Congress of Nurses at London.

A meeting of the Executive Committee of the Instructive District Nursing Association of Troy was held January 3 at the building of the Young Women's Association. The question of holding benefit entertainments was discussed, and it was decided to continue the same policy that has been pursued since the organization of the association, of relying only on the annual contributions of members for financial support. It was decided to fine a member of the Executive Committee 25 cents who could not be present at a meeting of the committee and to turn over the money to the Supply Committee, the money to be used to purchase supplies and clothing for indigent sick.

The Nurses' Committee announced that Miss Arnold, of the Samaritan Hospital, had placed one of her nurses in the training school at the disposal of the association for two months. Miss Gribble will have charge of this nurse. It was also announced that the association was negotiating for a nurse to succeed Miss Wagner, who had to resign on account of ill health. Miss Wagner, however, will continue her duties until the new nurse arrives. It was announced that during December the two nurses of the association had made 351 visits.

The Greater New York Association of Nurses' Registries calls the attention of physi-

cians, training school superintendents, trained nurses and the public in general to the following account of its plans and aims:

About one year ago the heads of several of the nurses' registries in New York City met for the purpose of discussing their common interests. They agreed upon these three points:

1. That practices had sprung up in the business of nurses' registries which did not tend to the elevating of the business and which should not be encouraged.

2. That there are a considerable number of nurses who are not fitted by reason of lack of training or vicious habits for the exacting responsibilities of the sick room, and some nurses, too, who do not fulfil their business obligations. That the competent, honest nurse is prejudiced by the incompetent element in the profession.

3. That if the doctors and the competent nurses had a better understanding of the aim and purpose of nurses, registries to render substantial service by enrolling, and recommending only thoroughly reliable and competent nurses, a real benefit would result to the better grade of nurses as well as to the doctors and the registries.

To further these objects an association was organized under the name of The Greater New York Association of Nurses' Registries. Nearly all of the larger registries of Greater New York are enrolled members of this association, and each member seeks to elevate the registry business and to be of greater value to physicians on the one hand and to competent nurses on the other.

The association's aims: 1. To correct the abuses in its own business by discountenancing the overcharging and other ungenerous dealing with nurses, practised heretofore by some registries. 2. To exact from all nurses before enrolling with any registry a complete, satisfactory and trustworthy record of his or her qualifications and experience, to carefully investigate their representations, and to enroll only those whose qualifications and character warrant full credit and confidence, and to keep a record of the cases upon which each enrolled nurse is called and of the report of the physicians concerning the quality of the nurse's services.

It is believed that in this way a recommen-

dation from a registry which is a member of this association will come to be recognized as a certificate of capacity and responsibility upon which the physician and the patient may safely rely.

The nurse who knows herself or himself to be fitted for the responsibilities and duties of the profession of nursing, it is hoped, will then come to look upon the associated registries as of great assistance to them, not only in obtaining employment, but also in supplementing their diplomas and their certificates of character, which in many cases are several years old, with a recommendation of their present day capacities and worth as shown by their actual experience and conduct, physicians' reports since graduation, and right down to date.

The law-abiding registries must protect themselves against the reputation of the business which would follow the practices of those who exceed the legal restrictions. The capable, experienced nurse of professional capacity and of good moral and business responsibility must protect herself or himself from those members of the profession who do not possess these qualifications. The nurse and the registries have a common interest to elevate the business and profession, and by working together, it is believed they can be mutually protective.

The association invites correspondence and invites suggestions or advice from physicians, training school superintendents and nurses.

It is hoped that the endeavors of the association will be understood and that aid and assistance in attaining these objects will be offered. Please address all communications to Greater New York Association of Nurses' Registries, P. O. Station M. The address of the permanent headquarters is not ready for announcement in this issue, but will be given later.

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Connecticut.

The January meeting of the Alumnae Association of the Connecticut Training School for Nurses, Fair Haven, was not held, as owing to a stormy day there was a very small attendance of members. Our president, Miss Flora Hartenstein, braved the storm, coming from Meriden to preside.

Through some mistake on the part of the

Red Cross Stamp Committee, the nurses who volunteered to sell stamps Christmas week in the New Haven Post Office were not called upon. On Wednesday of that week six nurses, with Mrs. Dr. Henry Sage in charge, sold stamps all day, changing about every two hours. The nurses were Miss Catherine Fenn, Grace Hospital graduate; Miss Bernice Day, Elm City Hospital; Miss Katherina Flang, Miss E. Payne, Mrs. M. I. Burwell and Miss Jeanette Downs, C. T. S. On that day 9,052 stamps were sold. In the next two days Miss E. Payne and a friend sold 1,800 at the Fair Haven Post Office.

We trust all our friends are preparing something for our fair, which is to be held next Fall. Please send us word what you will do. "Every mickle makes a muckle." We are hoping for a ready response. We would like graduates to send dolls dressed in the uniforms of their schools. The fund is not for the care of graduates of C. T. S. A. only, but for those of other schools. Contributions may be sent to Miss E. Payne, 1204 Chapel street; Miss A. Lanfare, 16 Gill street, and Mrs. M. I. Burwell, 122 Dwight street. All contributions will be gratefully acknowledged.

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Massachusetts.

The annual meeting of the Worcester City Hospital Nurses' Alumnae Association was held January 4, at the home of Mrs. F. C. Martin, 6 Berkshire street. The annual reports of the secretary and treasurer were read and accepted. The election of officers followed. Miss E. H. Corey was chosen president; Mrs. Clarence Ford, vice-president; Mrs. F. C. Martin, secretary and treasurer.

The Executive Board, composed of Miss Delia Nardi, Miss Agnes Dubrau and Miss C. E. Bolles, was also elected.

A Sick Committee, consisting of Miss Rubie L. Cameron, Miss Fanny Bryant and Miss Lelia E. Mills, was elected.

The benefit association had its annual meeting afterward, and elected Miss Charlotte E. Browning president; Miss M. A. Withrow, vice-president; Miss Ida H. Taber, secretary, and Miss Rubie L. Cameron, assistant; Miss Mary I. Toothaker was chosen treasurer.

The Executive Committee for the year will consist of Miss Nardi, Miss Mary McGirl and Miss L. Reta Ferguson.

The association expressed thanks to all who contributed money, food or fancy articles for the fair recently conducted for its benefit, and especially to the press and the musicians, who furnished the programme during the afternoon. It is reported that \$240 was realized by the sale, and that \$40 was raised at the sale of left-overs, which was at the Nurses' Home.

After the business there was a social time, during which refreshments were served.

The work of the Boston Association for the Relief and Control of Tuberculosis is attracting considerable attention. One important feature is the stationing of a nurse at the Rutland Examining Clinic. During December forty-four Boston patients were examined for admission to the Rutland Sanatorium. The association's nurse is at the clinic to get acquainted with these patients, and afterward she visits them at home to help them make the adjustment necessary when they leave for their long course of treatment. In many instances funds must be raised for the support of the patient at the sanatorium, or to care for his family during his absence.

The association also sends a nurse to each patient who returns to Boston after treatment at Rutland.

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Maine.

The Nurses' Alumnae Association of the Central Maine General Hospital, Lewiston, has lately agreed upon regulation prices for nursing—\$21 per week for general nursing and \$25 for quarantine cases.

Explanation blanks have been printed. Just as soon as a nurse, a member of the alumnae association, is located in a home she will send her name and the name and address of the person by whom she is employed to the nurses' register. The following slip will be immediately mailed from the headquarters to the home where she is at work:

"The nurse sent you, _____, is a graduate from the training school connected with the Central Maine General Hospital.

"Her charge will be \$21 per week for general nursing; \$25 for quarantine cases.

"Patient pays, in all cases, travelling expenses, board and reasonable amount of personal washing.

"The nurse is expected to have at least two hours in the open air each day.

"If patient requires very much night attention the nurse must be relieved for sleep.

"Per order, Nurses' Alumnae Association of the Central Maine General Hospital."

These slips will make plain to the patient the requirements of the nurse, and there will be no chance for misunderstanding as to prices.

Similar slips will be mailed to the various physicians throughout the State.



Pennsylvania.

The Nurses' Alumnae Association of the Woman's Hospital, Philadelphia, held its December meeting at the hospital Wednesday afternoon, December 8, 1909. Nineteen members present. Three members were elected to membership. One of our members, Miss Sarah J. Slaughter married Mr. Albert B. Entwisle in November.

Four of our members have been called from us by death during the past year. Dr. Alice M. Seabrook, superintendent of the hospital and a member of the State Registration Board of Examiners, gave the association a very interesting talk on registration.

The graduate nurses in the hospital gave the association, after it adjourned, a sociable half-hour in the Nurses' Home, where tea and cakes were served, and all had a social time together.

The regular monthly meeting of the Alice Fisher Alumnae, Philadelphia, was held at Blockley, Monday, January 3. The president was in the chair. Much interest was manifested in the celebration of the twenty-fifth anniversary of the founding of the school, which is to take place after the convention of the Associated Alumnae in New York. The secretary was instructed to make an appeal to all graduates of the Philadelphia General Hospital to send their names and addresses. At the annual meeting Easter Monday action will be taken on the change of our name from the Alice Fisher Alumnae to the Alumnae of the Philadelphia General Hospital, and on incorporating. Will all graduates kindly send address, with maiden name if married, to the secretary?

The regular business meeting of the Nurses' Alumnae Association of the Howard Hospital,

Philadelphia, was held December 5, 1909. There were twenty members present. The subject of an endowed bed for sick members was discussed, and certificates of membership, with alumnae seal, were presented to active members.

Miss Florence M. Biddle has completed her postgraduate course in executive work at Bellevue Hospital, New York, and is at present doing private nursing.

Miss Ellen Mitchell has resigned as operating room nurse at the Howard Hospital, to take position of superintendent at Delancy Hospital, Philadelphia.

Miss L. K. Roller has given up private nursing to do social and investigation work for the Starr Center Association, of Philadelphia.

Miss Elva Heitchner, class 1906, Howard Hospital, died January 5, 1910. This is the first death in our alumnae. Miss Heitchner will be sadly missed by all.

At the end of the Fall term, 1909, the following students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa.: Blanche L. Bates, Charlotte Pechey Moodie, Eleanor Louise Phelan, Frances De Vore, Early Dawn Hoag, Anna Jane Hendrix, Mary Florence Thompson, Jennie Belle Stanley, Etta E. Dickinson, Marie Aebischer, Mary Wright Vare, Emily G. Fessenden, Nancy Ann Mason, J. Edouard Renfer, Mary Wilhelmina Florian, Sophie Blackwell, Esther E. Hart, Iva Mae Jack, Lizzie Young Moody, Clara Fisher Mackenzie, Minnie H. Goldsmith, Clara H. Auwerter, Mary M. Witmer, Dwight B. Fuller, M. D.

The Mt. Sinai Hospital, of Philadelphia, is again going to give a course in the Swedish System of Massage to its nurses in training. The practical instruction will be in the hands of Miss Mary W. Florian, while the theoretical lectures will be given by Max J. Walter.

The Pennsylvania State Board of Examiners for Registration of Nurses during its recent meetings granted registration to 274 additional applicants, making a total of 770 since its organization, July 22, 1909.

The replies to the tentative curriculum sent

to the training schools is most gratifying, and will enable the board to complete the same in time for adoption by June 1, 1910, thus complying with the act which establishes examination June 1, 1912.

The board desires to acquaint the public with the fact that the function of this board is to place at their disposal nurses whose training and qualifications are the best. In the future a registered nurse and not a graduate or trained nurse is guarantee of ability.

Letters of inquiry from boards of other States seeking reciprocity with board has been received. The hope of the board is to accomplish this reciprocity.

The list of registration is: From Altoona, 5; Allentown, 3; Bloomsburg, 3; Butler, 4; Danville, 7; Everett, 3; Harrisburg, 3; Meadville, 3; New Castle, 13; Pottsville, 5; Pittsburg, 27; Philadelphia, 101; Washington, 5; West Chester, 3; Wilkes-Barre, 4. Other States: New York, 5; New Jersey, 6; West Virginia, 3; Illinois, 3; Canal Zone, 1; Georgia, 1; California, 1; Ohio, 1; Massachusetts, 1; Iowa, 1. ALBERT E. BLACKBURN, M. D.,

Secretary.

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Maryland.

With the assigning of the thirteen new tuberculosis nurses authorized by the City Council to their respective districts, the city of Baltimore began an attack on the disease. The nurses assembled in the Health Department, received their paraphernalia and heard a brief address by Miss Ellen N. La Motte, the head nurse.

The nurses will report daily to Miss La Motte at the Health Department before starting upon their districts, where they will visit the homes in which there are consumptives. The nurses will have the authority to enter the houses in which tubercular patients are confined. They will carry a satchel of supplies containing sputum cups and paper napkins, which are to be burned after use. In this manner it is expected that the spread of the disease, which claimed 1,250 Baltimoreans last year, will be curtailed.

The Nurses' Alumnae Association of St. Agnes' Hospital, Baltimore, met December 30 in the nurses' parlor, which was prettily dec-

orated with ferns and flowers. The following officers were elected:

President—Miss Mary Ryan.

Vice-President—Miss Katharine G. Smith.

Treasurer—Miss Margaret G. Dudley.

Secretary—Miss Margaret Delawder.

After the election a paper on the nursing of pellagra was read by Miss Lillian Reilly. Sister Laura presided. The younger members entertained the seniors at a euchre given after the meeting. Luncheon was served later.

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Changes in the Nurse Corps, U. S. N.

Appointments—

Hoskins, Susanne B., graduate of New Haven City Hospital; has filled the following positions since graduation: First assistant supervisor, night supervisor and operating room nurse at same hospital.

McDonald, Loretta, graduate of Garfield Memorial Hospital, Washington, D. C.; three years in Civil Hospital, Manila, P. I.

Haas, Margaret L., graduate of St. Luke's Hospital, New York City; late director of visiting nurse work, Lancaster, Pa.; instructor in practical nursing, Lancaster Hospital.

Transfers—

Isabelle M. Baumhoff and Mary Irena Hess from the Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Annapolis, Md.

Resignations—

Margaret L. Gorman, November 3, 1909; to be married.

Ethel R. Parsons, December 15, 1909.

ESTHER V. HASSON,

Superintendent Nurse Corps, U. S. N.

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Civil Service Examinations.

The United States Civil Service Commission announces an examination on February 16, 1910, to secure eligibles from which to make certification to fill vacancies as they may occur in the position of trained nurse in any branch of the service.

The examination at this time is held primarily to secure eligibles for appointment to the position of trained nurse (female) in the Indian service, but appointments may also be made to positions in the Isthmian Canal and Philippine service. An applicant who desires to become eligible for more than one of these services must file a separate application for

each service in which he or she is willing to accept appointment. Appointment to one service will operate to remove the name of the eligible from the registers for the other services.

The entrance salaries paid trained nurses in the Indian service range from \$600 to \$720 per annum; the entrance salary in the Isthmian Canal service is \$60 a month; while the entrance salary for the Philippine service is \$50 a month for the first six months, when the salary is increased to \$60 a month; an adequate laundry allowance is made in addition to board and quarters in the Philippine service.

As the result of this examination certification will be made to fill vacancies in the position of nurse (female) in the Indian service, as follows, unless it shall be decided in the interest of the service to fill any or all of them by reinstatement, transfer, or promotion; White Earth, Minn., \$720 per annum; Rosebud School, S. Dak., \$600 per annum; Rapid City School, \$600 per annum.

Applicants should at once apply to the United States Civil Service Commission, Washington, D. C. No application will be accepted unless properly executed and filed with the Commission at Washington.

+ Kentucky.

The alumnae of the Louisville Training School for Nurses held a reception at the City Hospital December 29, from 8 to 11 P. M. Dr. Fowler, superintendent of the hospital, and Miss Elizabeth Johnson, superintendent of nurses, had the refreshment and reception rooms beautifully decorated for the occasion in Christmas colors. Dr. Fowler was awarded the prize in the guessing contest. Refreshments were served at 10 o'clock. Dr. Fowler toasted the alumnae in coffee (a new beverage for a Kentucky toast). Miss Johnson responded for the alumnae. The pupil nurses looked their best in their beautiful uniforms. We trust that one day they will be members of our alumnae.

On Jan. 7, 1910, there was a meeting of the Executive Board of the City Hospital Training School Alumnae. After the meeting a 5 o'clock tea was served, which was enjoyed by all.

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The Jefferson County Graduate Nurses'

Club, Louisville, held its annual meeting on January 3. There was a large attendance. The following officers were elected for the year: President, Miss M. Lustnaur; vice-president, Mrs. John Telford; recording secretary, Miss A. K. Bindeman; corresponding secretary, Miss L. Weissinger; treasurer, Miss Katherine O'Connor; Membership Committee, Miss Annie Rice; Sick Benefit Committee, Miss J. O'Connor; Entertainment Committee, Miss M. Alexander; Programme Committee, Miss E. Robertson. Two new members were elected.

The registrar's annual report of the Nurses' Central Directory was most satisfactory, showing a membership of 111 nurses. The directory is under the auspices of the club and is about twenty months old. It proved a success from the beginning. The by-laws of the club were amended at this meeting.

+ Tennessee.

Officials, nurses, internes, orderlies and every one connected with the City Hospital, Memphis, gathered around a huge Christmas tree in the spacious hall of the hospital, and from a real live Santa Claus received presents. No one was overlooked. There was a present for all.

With the Christmas tree celebration came announcement that the \$14,000 annex to the hospital had been closed in by workmen, who had worked hard and overtime to complete it before the New Year. The cost of the wing will total \$22,000 when furnished.

+ Michigan.

At a meeting of the State Board of Registration for Nurses, held at Lansing, it was decided to send blanks to all training schools, in order that the board may ascertain whether the course comes up to the requirements of law and the graduates are eligible to registration. At the meeting a constitution and by-laws were adopted and the organization completed.

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The Michigan State Board of Registration of Nurses will hold its first examination of applicants for registration February 9, 1910, at 9 o'clock, at the office of the Secretary of State, Board of Health, in the Capitol Building, Lansing, Mich.

BENGER'S FOOD

"Retained when all
other foods are rejected."

Benger's Food is indicated in all derangements of the digestive tract whether in cases of infants, invalids or the aged.

Benger's Food has received well merited praise from the medical profession.

"In my opinion it surpasses and absolutely supersedes all other foods and humanized milks."
—M.D., B.S., F.R.C.S.E.

"I am thoroughly convinced that Benger's Food is a scientifically prepared food and have used it with gratifying results in my own family."

From a well-known Philadelphia physician.

Benger's Food is based on pancreatic processes and its use is to modify fresh milk and increase its digestibility and nutritive power.

Benger's Food is indicated, and will be found of unquestionable value in the treatment of Pneumonia, Pleurisy, Tuberculosis, Tonsilitis, Carcinoma of the Stomach, etc., etc.

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Highly recommended for
invalids and children

You only need boiling water and
Maillard's Breakfast Cocoa and
you have the most healthful, de-
licious drink in the world—con-
valescents derive great benefit from
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If you haven't tried Maillard's Vanilla Chocolate you've
missed a treat. The true vanilla bean flavoring.

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The Luncheon Restaurant—a popular resort for ladies—afternoon tea 3 to 6



Easy to
Prepare,
Easy to
Digest

Illinois.

The Christmas celebration at the State Hospital, Elgin, Ill., was a very elaborate affair, consisting of a series of entertainments throughout the week. There was a giant Christmas tree and presents for all. The State purchased eight hundred gifts. Miss E. E. Thompson, head nurse of the hospital, with two other nurses, went to Chicago to buy the gifts.

The nurses of the Rockland, Ill., Hospital had a Christmas tree, a Santa Claus and gifts for all.

At Dunning, County and Isolation Hospitals, Chicago, Ill., there were trees, gifts and musical entertainments under the direction of the nurses.

Two Christmas parties were given by the Visiting Nurse Association of Chicago. Children of the families under the care of the nurses were those entertained.

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Missouri.

About thirty nurses of the Ensworth Hospital assembled at the Deaconess Home to celebrate Christmas. An elaborate luncheon was served. Between courses solos were sung and a Christmas talk was given by Dr. J. J. Bentley, secretary of Ensworth Hospital. There was a Christmas tree, and it was filled with presents for the nurses.

The first meeting of the State Board for the Registration of Trained Nurses was held in Jefferson City December 10. Organization was effected by the election of Miss Charlotte B. Forrester, of the University Hospital of St. Louis, as secretary and treasurer. The other members of the board are: Miss Ida Gerding, of St. Louis; Miss Ida Maude Landis, of Hannibal, and Miss Elizabeth Tooker, of Springfield.

The Graduate Nurses' Association, of St. Louis, has established a central directory for qualified nurses at No. 5896 Delmar avenue. The objects of this directory are to aid the physician and general public to obtain competent, reliable nurses at the minimum expenditure of time and energy, and to promote the interests of the nurses in St. Louis in se-

curing calls. The executive and directory board for 1909-1910 is as follows: President, Mary L. Baird; first vice-president, Mabel Gray; second vice-president, Mrs. F. E. S. Smith; recording secretary, Jannette G. Flanagan; corresponding secretary, Josephine R. Hay; treasurer, Louise Fisher; auditors, Mary E. Stebbins, A. H. Metzger, Charlotte Swift; directory board, Louise C. Dierson, Elsie Lannigan, Frances Shouse, Ellen J. Graham, Esther A. Cousley, M. A. Gillis; directress, Margaret McKinley.

The first meetings for registration of nurses were held at the Southern Hotel, St. Louis, Tuesday and Wednesday, January 11 and 12; at the Coates House, Kansas City, Mo., Thursday and Friday, January 13 and 14, and at St. Joseph, Mo., Saturday, Jan. 15.

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Minnesota.

A very interesting bit of nursing history is contained in the following, which is the greeting of welcome to the twelfth annual convention of the National Nurses' Association in the Twin Cities, June, 1909,, by Miss Theresa Ericksen:

"When I graduated from the Northwestern Hospital twenty years ago I never, even in my wildest fancy, dreamed that the time would ever come that a large body of graduated nurses would arise and come to Minnesota and honor us, and especially the city of my training. However, since you have come, it is right you should meet in the 'Mill City,' as the Northwestern Hospital was the first hospital in the 'Gopher State' to organize a well-conducted hospital and training school.

"Minnesota does not do much loud talking, but we can to-day show you many fine hospitals and training schools. Who has not heard of our famous Mayo brothers at Rochester—only a little ways from St. Paul and Minneapolis. Every one is, or ought to be, familiar with the name of Dr. Arthur Ancker as a hospital constructor. He has devoted every moment of his life the last twenty-seven years to make our St. Paul City and County Hospital a monument to be proud of. We are proud to show our Contagious Building, our Children's and all our other buildings, including the Nurses' Home, to our friends from near and far. Do not blame us if you

WORKS WITHOUT WASTE

One of the
bright sides

The end that
justifies
the means

E. MORGAN'S SONS
N.Y.
SAPOLIO

No Moss
No Dust

The labor-saving side

It puts an
end to
hard work

The economical
side counts

The many-sided
SAPOLIO

CLEANS SCOURS POLISHES

might hear some one of our own nurses say: 'We have the best flour in the world in Minneapolis and the best City and County Hospital in St. Paul—oh, yes, a nice little Capitol Building.' Our girls are brought up quietly, but it is no telling how they may feel when it comes to showing off home glitter.

"I had the honor to be the first home trained nurse to settle down to private work in St. Paul. The others from my school, both earlier and of my own class, settled either in Minneapolis or some other place. Several married (I believe our first graduate married a widower with six children). Very timid and very young I felt in those early days in St. Paul, for there was a large number of white-haired, motherly-looking women doing nursing, and some would say: 'What can a young girl like this know about taking care of our sick?' and my ways seemed strange and new to these dear old family nurses, who were so used to have gathered breasts and milk legs, as they called it. Many were the well-meant advices given me how to be sure and wash the babies' eyes with breast milk and comfort the dear little baby with sugar teats—a thing I don't know even yet how to make. I have to laugh often now when I recall how grandma, mother and perhaps the old family nurse would wonder I did not kill my babies with fresh air, or my fever patients with bathing and cold water to drink.

"Fortunately for me, my training had been very strict, or I might have fallen a slave to some of these dear old ladies' superior wisdom. I felt timid, I said, because I felt what a great responsibility it was for me to be trusted by the doctor to carry out his orders right under so much opposition as there was in those days to graduated nurses. It meant a serious duty to me, and never have I ceased to love, respect and thank my superintendent and our doctors for their patience and conscientious teachings. We were taught to love our school and our profession, and keep up our study of learning even after we left school, so as never to allow ourselves to grow rusty with years.

"Our school was new. The Northwest was unused to such things. We worked hard, but we were given the best our hospital managers could command, and we were taught to keep our standard high, and I do not think any

one of our graduates then or later has had reason to feel anything but grateful to the dear old hospital for the training received there

"Besides myself, there were in St. Paul three nurses from Canada, later two from New York; one young nurse graduated from Buffalo General Hospital at the age of sixteen; later she took a course at a Canadian school. We six nurses considered ourselves the pioneer graduate nurses of St. Paul.

"You no doubt remember reading Miss Grace Holme's article about how we in 1897 started our first county organization and called it the 'Ramsey County Graduate Nurses' Association,' with our registry connected.

"Later the 'Hennipin Association' was organized. I had the pleasure of being the first chairman of the Executive Committee of the Ramsey County Association. So I know you will pardon my pride when news came to me in my distant home of our State registration being accepted with so little trouble, and became a law April, 1907. And now at the convention of 1909 I want to send you all a greeting of fraternal love and welcome to our Twin Cities. I know from old that our Twin City nurses will go hand-in-hand trying to do the best they can in showing you how glad they are to have you with them, and may you have as happy a reunion as we had last May in the land of roses and sunshine.

"Life is at best a lingering death—a journey not of miles—and Hope, the only rainbow wreath, is wrought of tears and smiles. The labor of the fleeting years is all we have to give. Then up, and drive away the tears, and, dying, learn to do and live.

"'Keep the standard high,' is, I believe, the countersign. May I add one codicil to this—make the younger nurses learn to respect us, and thereby create a better understanding and unity to master the great things we aim at. In union there is strength, and kind words by the wayside are pleasant to us all, and takes nothing from our salary."

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California.

The following interesting account of a hospital cooking school is sent us by Miss Anne A. Williamson, Superintendent of Nurses, California Hospital, Los Angeles, California:



WHY IS Scott's Emulsion THE BEST IN THE WORLD?

Because it is made of the purest and best ingredients obtainable.
Because it contains MORE healing, strengthening and up-building material than any other Emulsion.

Because it is a perfect product of a scientifically perfect process.

Because there is no alcohol or other harmful ingredient in it.

Because every drop of it is clean, pure and healthful.

Because it is recommended by more physicians than any other preparation of Cod Liver Oil.

Scott's Emulsion is the standard remedy for Coughs, Colds, Lung and Chest Troubles, Anemia and Loss of Flesh.

We guarantee every bottle of Scott's Emulsion to be exactly what we say it is.

FOR SALE BY ALL DRUGGISTS

SCOTT & BOWNE, 409 Pearl Street, NEW YORK

For several years our pupil nurses had received their instruction in dietetics outside the hospital, going about 8 o'clock in the evening to a school near by, where, although the instruction and the equipment were of the best, the course was unsatisfactory, both on account of the evening hour and the class being outside the jurisdiction of the training school authorities.

Rainy evenings it was hard to get to and from the school without getting feet and skirts wet, and then, too, the time that was necessarily consumed in going and coming was an item not to be ignored.

The task of fitting up a cooking school under the hospital roof seemed formidable, but when a beginning had been made the work was not so hard. Fortunately we had a room into which the gas had been piped, so we were saved that much of the work and expense.

The house carpenter made a bench that ran along two sides of the room with a shelf below for stools.

The top of the bench or counter, which was made thirty-nine inches high and thirty-six inches wide, we divided into two parts, covering the front with zinc and leaving the other half bare as a work table.

Ten being the number decided on for a class, ten gas stoves were connected up on the zinc covered part of the table, thirty inches of space being allowed for each pupil.

Ten sets of cooking utensils were purchased, comprising the following articles: Tea kettle (two quarts), double boiler, asbestos plate, small saucepan, small frying pan, strainer, dish pan, cake pan, two quart pan, measuring cup, Dover egg beater, tablespoon, teaspoon, knife and fork, vegetable knife, salt and pepper shakers, three bowls, different sizes.

Under the bench hooks were placed to hang everything hangable, soap, towels, and dish cloths were provided and our kitchen was ready for business.

For our pantry we secured a number of tin cans which had originally held cocoa, after being scoured and labeled, these held our dry groceries.

Four ovens we found useful for making toast and other baking. For freezing ice cream we secured a case of baking powder put up in half-pound cans, and after the powder was

used for the hospital baking, we fell heir to the cans.

The first lesson in the cooking school is devoted to the care of the kitchen and the utensils. The pupils are taught the use and care of each separate article, the working of the gas stove and how to cook with a low flame, and how to economize with fuel, food and dishes.

After that comes the simple dishes made in individual recipes. Most of the dishes concocted in the cooking school are eaten by the cooks, but when we have a particularly successful dish it is sent to some patient as an advertisement of our establishment.

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Washington.

As an adjunct to the Denny Pulmonary Hospital, the Kings County Graduate Nurses' Association proposes to build a cottage for nurses suffering from tuberculosis. The cottage will cost \$500, and of this sum \$100 has already been contributed. The home will be for graduate nurses and nurses in training. The cottage is for nurses, and will be built by them.

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Births.

To Mr. and Mrs. Frank Rutherford, of Salt Lake City, on December 20, a son. Mrs. Rutherford was formerly Miss Elva Roberts, a nurse of the L. D. S. Hospital, Salt Lake City.

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Married.

Miss Sigrid Constance Johnson, a graduate of Bethesda Hospital Training School, St. Paul, Minn., class 1902, was married August 1, 1909, in Manila, P. I., to Ellsworth Erwing Zoot, Esq., attorney-at-law. After a tour around the world Mr. and Mrs. Zoot will be back in the States in August, 1910.

Miss Carrie Jordan, head nurse at the Washburne Sanitarium, Elgin, Ill., was married December 25 to Mr. Robert Towns, of Fort Wayne. Mr. and Mrs. Towns will reside at Elkhart, Ind.

Miss Sue Lemay Fahy and Mr. Wendell Britt, of Little Rock, Ark., were married December 30 at the home of the bride's mother at Morrilton, Ark. Mrs. Britt is a graduate of the Battle Creek Sanitarium.

Every Physician Has a Perfect Right

To know the composition of the medicinal compounds he is asked by private manufacturers to prescribe for his patients.

The present attitude of the profession toward manufacturers of "proprietary" designed for the use of physicians in lieu of extemporaneous prescription-writing and compounding, is a just one; *that the formulas shall be known to the prescriber.*

Is it not of similar importance that he know the exact food value of the various special foods manufactured and put upon the market by private concerns? He should demand reliable preparations whose ingredients are known to him, for tissue-building and energy-sustaining work to supplement his specific therapeutic efforts.

The two most important requirements in a food for the above purpose, are—

- 1st—To augment vital energy.
- 2d—To diminish functional effort.

After the question of the therapeutics of a disease is settled, there arises the equally important one of the food material that will *best sustain* the flagging vitality of the patient, and not *over-burden* the already weakened digestive and appropriative organs.

To accomplish this a *concentrated* food is required; one that is so easily digestible as not to tax the digestive organs, but of such wholesome, *neutral* flavor as to *encourage* these organs to put forth such effort as they safely can—which is often preferable to the employment of an entirely pre-digested food.

Grape-Nuts has been found to meet the above test for many years past, better than any other food upon the market. It is a *concentrated* food requiring but a few teaspoonfuls to equal, in tissue-forming, energizing potency, many times its bulk in ordinary foods of various composition. Comparative tests show this to be a fact, and it is the physician's perfect right to know the food value of any prepared food he is asked to order for his patients.

The "Clinical Record" for the physician's bedside use, with name stamped in gold letters on cover, will be sent to any physician who has not already received a copy. Also prepaid sample box of postum and grape-nuts for clinical experiments.

Postum Cereal Company, Ltd., Battle Creek, Mich., U. S. A.

When you write Advertisers, please mention **THE TRAINED NURSE.**

Miss Elizabeth H. Wood, of Hot Springs, Ark., and Mr. Calhoun Caldwell, of Unan, Ga., were married December 28, 1909. The bride was one of Hot Springs's most popular trained nurses.

Miss Nellie Frances Lindemuth was married January 6, 1910, to Mr. Edwin Starr Hauck, of Mechanicsburg, Pa., at the residence of the bride's brother, Mr W. P. Lindemuth, at Frederick, Md. Mrs. Hauck is a graduate of the Columbia, Pa., Hospital Training School.



Personal.

Miss Mary A. Snively will retire from the superintendency of the Toronto General Hospital in the near future. On December 1 she celebrated the twenty-fifth anniversary of her connection with that institution. She was the recipient of a purse of \$1,000 from her graduates, and the announcement was made by the trustees of the hospital that upon her retirement she would receive from the hospital an annuity of \$700 a year.

Miss Frances Black, formerly superintendent of the Buffalo Homœopathic Hospital, has been appointed superintendent of Flower Hospital, New York City.

Miss Nellie B. Gatlin, graduate of Memphis, Tenn., City Hospital, has been appointed head nurse of King's Daughters' Hospital, Greenwood, Miss., to fill vacancy made by resignation of Miss Laura Shackles, of Yazoo City, Miss.

Miss L. B. Honeywell, who has been taking an extended vacation in Boston and New York on account of poor health, has returned to her home in Theresa, N. Y., and resumed her duties in private practise, much improved in health.

Mrs. Regina J. R. Harkin, graduate of St. Luke's Hospital, Philadelphia, Pa., also graduate from Pennsylvania Orthopædic Institute, Philadelphia, is giving a course of instruction in massage and hydrotherapy to the nurses of the Physicians' Hospital, Vineland, N. J.

Amanda M. Wilson, a graduate of the Pennsylvania Orthopædic Institute and School of Mechano-Therapy, Philadelphia, has been placed in charge of the mechanical department at the Hahnemann Hospital, Philadelphia, Pa., to succeed Miss Irene N. Downs, also a graduate of the Pennsylvania Orthopædic Institute.

Miss Clara H. Au Werter and Miss Esther E. Hart, both graduates of the Pennsylvania Orthopædic Institute, Philadelphia, Pa., have been engaged by the Galen Hall Sanatorium, Atlantic City, N. J.

Charlotte P. Moodie, a graduate nurse from the Brookline Hospital for Women and also a graduate of the Pennsylvania Orthopædic Institute, Philadelphia, Pa., has been placed in charge of the mechanical departments at Ramapo Hills Sanatorium, Oakland, N. J.

Clara Fisher McKenzie, a graduate of the Pennsylvania Orthopædic Institute, Philadelphia, Pa., has been engaged as masseuse at the Panto Sanatorium, Lynchburg, Va.

Resolutions.

Miss Anna Farley, age 70, a graduate of the Woman's Hospital Training School of Philadelphia, class of 1878, died at the hospital November 9, 1909, of carcinoma. The funeral services were held at the hospital, and her remains were taken for interment by her friend, Mrs. Rowse, to Tamaqua, Pa.

Whereas, It has pleased God in His Divine wisdom to remove from our midst one of our oldest associates, one whom all who were privileged to know her deem it fitting that our appreciation be suitably expressed; therefore, be it

Resolved, That we, the members of the Nurses' Alumnae Association of the Woman's Hospital, Philadelphia, realizing that in the death of Anna Farley we have lost a faithful friend and associate;

Resolved, That we bow in submission to the will of our Divine Lord, whose wisdom none can question.

Resolved, That a copy of these resolutions be sent to her friend, Mrs. Rowse; to the American Journal of Nursing, to THE TRAINED NURSE, to the Quarterly of the Grad-

Types of Anemia—No. 1

THE CHLOROTIC ANEMIA

of young girls—the classical “green sickness” of the older writers—is peculiarly responsive to the prompt and certain hemoglobin-creating action of

Pepto-Mangan (Gude)

Series after series of carefully conducted blood tests have abundantly proved its special value in this, as in all other anemic blood states.

IN ELEVEN-OUNCE BOTTLES ONLY
NEVER SOLD IN BULK

SAMPLES AND LITERATURE
UPON APPLICATION

63

M. J. BREITENBACH CO., New York, U. S. A.

Our Bacteriological Wall Chart or our Differential Diagnostic Chart will be sent to any Physician upon application.

A Drink in Fevers

A teaspoon of Horsford's Acid Phosphate added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

uate Nurses of the Pennsylvania State Association, and entered upon the records of this association.

MARGARET W. LARNEY.
IDA B. FREEMAN,
ELIZABETH DONACHY.

Mrs. Elizabeth Haines Gardiner, graduate of the Woman's Hospital Training School for Nurses, Philadelphia, died at the hospital July 4, 1909, from a Caesarian section, with complications. She is survived by her husband, a daughter of five years and an infant son.

Whereas, It has pleased God in His infinite wisdom to remove from our midst one whose whole life was devoted to her work;

Whereas, The association we have had with one who was most faithful and earnest in the discharge of her duties makes it fitting that we record our appreciation; therefore, be it

Resolved, That we, the members of the Nurses' Alumnae Association of the Woman's Hospital, Philadelphia, realizing in the death of Elizabeth Haines Gardiner we have lost a faithful friend and earnest worker;

Resolved, That we bow in submission to the will of the Divine Father, knowing that He doeth all things well.

Resolved, That a copy of these resolutions be sent to the bereaved family and to the American Journal of Nursing and to THE TRAINED NURSE and the Quarterly of the Graduate Nurses' Association of Pennsylvania, and also entered upon the records of the association.

MARGARET W. LARNEY.
IDA B. FREEMAN.
ELIZABETH DONACHY.

S. Nellie Hugg, a graduate of the Woman's Hospital Training School, Philadelphia, of the class of 1903, died October 15, 1909, after a two weeks' illness, of typhoid fever, at the Arnot Hospital, Elmira, N. Y.

Whereas, It has pleased our Heavenly Father to remove from our midst one whom we loved dearly, and whose whole thought was her work;

Whereas, The association we have had with one who was most faithful and earnest in the discharge of her duties makes it fitting that we record our appreciation; therefore, be it

Resolved, That we, the members of the Nurses' Alumnae of Woman's Hospital, realize that in the death of Miss Hugg an irreparable loss has been sustained by all associated with her, she having proved herself a faithful friend and earnest worker.

Resolved, That we bow in submission to the Divine will, trusting we may be led to say in sincerity: "Not my will, but Thine."

Resolved, That a copy of these resolutions be sent to her bereaved family, the American Journal of Nursing, THE TRAINED NURSE, the Bulletin of Graduate Nurses' Association, and entered upon the records of our association.

Mrs. Ozella Bly Ribble, a graduate of the Woman's Hospital Training School, Philadelphia, class of 1899, died of tuberculosis in Philadelphia, December 25, 1908.

Whereas, It has pleased God in His Divine wisdom to remove from our midst one of our esteemed associates;

Whereas, All who were privileged to know her decree it fitting that their appreciation be suitably expressed; therefore, be it

Resolved, That we, the members of the Nurses' Alumnae Association of Woman's Hospital, Philadelphia, realizing that in the death of Ozella Bly Ribble we have lost a faithful and devoted friend and associate.

Resolved, That we bow in submission to the will of Him whose wisdom none can question, and whose love is infinite.

Resolved, That a copy of these resolutions be sent to her husband, THE TRAINED NURSE, American Journal of Nursing, The Quarterly of the Graduate Nurses' Association, and entered upon the records of this association.

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Obituary Notes.

With sad hearts we are called upon to announce the death of a sister nurse, Miss Laura Eifler, which occurred at St. Mary's Hospital at 11 o'clock Friday morning, December 3.

Death was due to complications following typhoid fever, which she contracted while on duty in Mansfield, Ohio.

The tender care and watchfulness of our kind Sisters of Charity and nurses and the untiring attendance of her physician and hospital internes was not great enough to over-

Clinical

DISEASES
OF THE
RESPIRATORY TRACT

usually disappear as the general bodily nutrition and vitality improve. This is why

GRAY'S GLYCERINE TONIC COMP.

accomplishes such surprising results in many a serious, intractable case of bronchitis or other respiratory disease, when other remedies fail completely. Its use stimulates the appetite, promotes digestion, increases assimilation, and raises the whole vital index. The benefits, therefore, are permanent—not transitory.

THE PURDUE FREDERICK CO.
298 Broadway, New York

Notes

Antithermoline



**Relieves
Local
Pain and
Inflammation**

(Apply Externally)

**TRIAL
PACKAGE
ON
REQUEST**

NOW SUPPLIED IN GLASS JARS
RETAIL PRICES

5 oz. Glass Jars - \$.25 | 1 1/4 lb. Glass Jars - \$1.00
11 " " " - .50 | 5 " " " - 2.25

G. W. CARNRICK CO.
42 SULLIVAN ST., New York City

When you write Advertisers, please mention THE TRAINED NURSE.

come the ravages of the disease. The nursing profession loses a sweet and noble character in our deceased sister.

Burial was at Franklin, Wis., Miss Eifler's home, on Tuesday, December 7.

ST. MARY'S HOSPITAL ALUMNAE,
Milwaukee, Wis.

Giving her life as a sacrifice for others, Miss Mary R. Brown, a trained nurse, 27 years old, died January 6 in Washington, D. C. She was shot through the left lung in a fierce struggle to wrest a revolver from the strong grasp of Martin L. Sterling, a patient maddened with typhoid fever, whom she was attending. Thereby she saved from injury, possibly from death, several members of Sterling's family, who stood by helpless while the brave little nurse grappled with the temporarily insane man.

For her heroism Miss Brown was recommended by the Commissioners of the District of Columbia for a Carnegie medal.

Miss May Coombe, a student nurse at Mercer Hospital, Trenton, N. J., was crushed to death January 8, in the elevator of the institution. She was taking a roller cot from the top floor to the operating room, and turned the elevator lever so far that the car shot upward as she tried to walk from the door.

Her head was caught between the car and top of the shaft.

Miss Bertha B. Mears, a member of the training class of nurses in Springfield, Mass., Hospital, died very suddenly December 27 of scarlet fever. She had been taken to the Isolation Hospital for treatment and suffered a relapse soon after arriving there. Her condition became serious so rapidly that she passed away before her sister, Mildred, could visit her.

Miss Mears was born in Wakefield and was

the daughter of Mr. and Mrs. Alfred F. Mears, of that town. With her sister, Mildred, she entered the training class at the hospital December 1, 1908, and had just completed her first year of training.

Miss Mary Mehr, a well-known trained nurse, of Quincy, Ill., proved a martyr to her profession when she died at Blessing Hospital December 10, 1909, after suffering an attack of typhoid fever for the past two months. During the Summer she nursed a patient suffering with the same disease at Palmyra, Mo., for several weeks, and upon her return to Quincy she was stricken down and became a patient at Blessing Hospital. Although every care known to medical science and most careful nursing was given her by her former co-workers, the attack gained a firmer and firmer hold on her, and she sank gradually until death.

Mrs. A. Laaken, a graduate nurse of Fremont, Neb., died in that city December 10, 1909. Her death was caused by typhoid fever, which she contracted while taking care of a patient.

The many friends of Miss Minerva B. Maskell will learn with deep sorrow of her death, which took place in St. Vincent's Hospital, New York City on January 4, after a four-day's illness of meningitis and pneumonia. The funeral services, which were long and impressive, were held in the chapel of the hospital and were attended by many of her alumnae and other friends. Miss Maskell was one of the well-known nurses of New York, and was a general favorite socially as well as professionally. In 1898 she was one of the first nurses to go out under the Red Cross, and many of the readers of THE TRAINED NURSE will remember her in Tampa and later on at Leiter Hospital, Chickamauga.



Good Nurses and Careful Mothers

are particular about using no other but

MENNEN'S

BORATED TALCUM
TOILET POWDER

because it is freely recommended above all others by physicians everywhere. MENNEN'S is the safest and purest of Toilet Powders. It not only smooths the skin but soothes the skin, not only hides roughness and rawness but heals them.

Mennen's Borated Talcum Toilet Powder

Is as necessary for Mother's baby as for Baby's mother

It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's. Sample Box for 2c. Stamp.

Gerhard Mennen Chemical Co., Newark, N. J.



If your patient

has been ordered to a climate invigorating as well as mild, remember **The Basin Park Hotel, Eureka Springs, Arkansas.** Altitude 2,000 feet, built among mountains covered with pine. Good roads and trails through the woods. Pure water.

This, the leading hotel, has 100 bedrooms, with private baths. Sun parlors and safety elevators; electric lights and telephones in every room.

For winter rates address,

J. H. PHILLIPS,

Manager.



This healthy, happy boy was raised on
Eskay's Food

from birth. He has
never been sick a day.

*Ten feedings of ESKAY'S and one helpful hint for mothers
"How to Take Care of the Baby," sent free on request.*

SMITH, KLINE & FRENCH CO., 436 Arch St., Philadelphia

New Remedies and Appliances

Horsford's Acid Phosphate.

A good general tonic, and worthy of trial.

DR. R. WILLIAMS,
Le Roy, N. Y.

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Further Applications of "Nazeptic Wool."

A small pledget of "Nazeptic Wool" placed in each nostril affords an improved and cleanly method of treating the various pathological conditions of the respiratory tract without subjecting the patient to the slightest inconvenience. Try it for a cold in the head.

+

Best She Ever Used.

Nashville, Tenn., July 27, 1909.

Ogden & Shimer, Middletown, N. Y.

Gentlemen, Inclosed find 50c., for which please send 2 jars of Mystic Cream. I have tried to find your cream here. It is the best I have ever used.

Very Respectfully,

NANNIE I. SUMNER.

+

Sulpho-Naphthol Disinfectant.

Cabot's Sulpho-Naphthol is an emulsifiable creosote possessing wonderful cleansing properties. It is the modern and practical detergent or cleaner. It is the ideal home disinfectant, as it prevents decomposition and destroys all forms of insect and germ life. It will make everything clean with much less labor than with soap, and is less expensive and more efficacious.

+

Gastro-Intestinal Anemia.

Care should be taken to avoid the administration of drugs that tend to derange the digestion. For this reason, the inorganic metallic salts of iron should not be given, as they are extremely likely to prove irritant, astringent and constipating. Pepto-Mangan (Gude) may be given, in such cases, with every assurance that the necessary iron and manganese will be promptly absorbed without irritating the gastric mucosa or inducing constipation. Children, especially, take it readily, because of its distinct palatability.

Diastoid.

Horlick's Diastoid is a dry extract of malt, in a permanent, concentrated, powder form. It is prepared from the best barley malt, under our own supervision, with a view of attaining the fullest development of the malt enzymes. It is very active in the conversion of farinaceous foods, and on this account is used with marked success in Fermentative Dyspepsia, as well as in debilitated conditions.

+

From Signora Olimpia Boronat.

Milan, July 12th, 1908.

In the course of the sittings to the Gramophone Co., of Milan, I was taken with voice depression in consequence of the excessive heat. None of my ordinary remedies were of any avail; eight Evans's Antiseptic Pastilles were sufficient to remove all traces of this condition.

+

A Sheet Anchor.

There is a condition in which the patient's menses are regular as far as time is concerned, but the flow is very scant, exceedingly thick, tarry in color, with an offensive odor. The patient suffers pain and weight in the pelvis and back; is despondent, loses flesh and strength, and may or may not suffer from various reflex disturbances. In this state of affair "Ergoapiol" (Smith) will be found a sheet anchor.

C. W. CANAN, B. S., M. D., Ph. D.

+

Oral Hygiene.

We have no better antiseptic for encouraging oral hygiene than Glyco-Thymoline. I always instruct my patients in the daily use of this solution and urge upon them the importance of such a measure. The dental profession to-day is not only caring for diseased conditions of the oral cavity, but it is giving careful consideration to prophylactic treatments which will arrest or prevent disease. To maintain a healthy condition of the mouth and its secretions I find Glyco-Thymoline invaluable.

ALBERT J. WRIGHT, D.D. S.

INSTRUCTION IN MASSAGE

THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months

Tuition Fee, \$75.00

Course in Electro-Therapy

Term: 2 Months

Tuition Fee, \$25.00

Course in Hydro-Therapy in all its Forms

Term: 6 Weeks

Tuition Fee, \$30.00

Second Section of Winter Classes opens MARCH 22nd, 1910

SPRING CLASSES OPEN MAY 17th, 1910

OVER 9000 TREATMENTS GIVEN IN 1909

No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Summer Classes open July 12th, 1910. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

INSTRUCTORS

WM. EGBERT ROBERTSON, M.D. (Professor of Medicine, Temple University).

HOWARD T. KARSNER, M.D. (Instructors University)

HOWARD A. SUTTON, M.D. (University of Pennsylvania).

T. D. TAGGART, M.D. (Jefferson Med. College).

ELDRIDGE L. ELIASON, M.D. (Instr't'r Univ. of Penna.)

LOUIS H. A. VON COTZHAUSEN, Ph. G., M. D.

(Graduate Phila. College of Pharmacy, Med. Dept. University of Penna., Penna. Orthopaedic Institute).

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

MAX J. WALTER (Univ. of Penna., Royal Univ. Breslau, Germany, and lecturer to St. Joseph's.

St. Mary's, Philadelphia General Hospital (Block-

ley), Mount Sinai and W. Phila. Hosp. for Women.

Cooper Hosp., etc.)

HELENE BONSDORFF (Gym. Ins., Stockholm, Sweden).

LILLIE H. MARSHALL (Pennsylvania Orthopaedic

EDITH W. KNIGHT Institute).

MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopaedic Institute).

**Pennsylvania Orthopaedic Institute and School of
Mechano-Therapy (Incorporated)**

1711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

JOHNSON'S FOOT SOAP

Borax Iodine & Bran

ACTS LIKE MAGIC

40 Years the Standard of Efficiency.

Instantly Stops that everlasting Smarting, Aching and Foot Weariness. Dissolves Corns and Callouses. Soothes and removes Bunions and all Inflammations. Relieves and Prevents Excessive Perspiration. A triumph of medical skill. Worked out by William Johnson, graduate of the London Chemical Laboratory. One cake will demonstrate it. Buy a cake today and know what Foot Comfort means.

Large cake, 25c. All druggists. Samples free on request.

Money Back if Not Satisfied.

WILBUR A. WELCH, Sole Distributor, - 905N Flatiron Building, New York

Junket Flavors.

Chr. Hansen's Junket Flavors are acknowledged by experts to be the best and purest on the market; they have all the delicacy and aroma of the true fruits and aromatics from which they are made.

We do not make artificial flavors, such as extracts, so called, of strawberry, raspberry, peach, pear, plum, pineapple or banana, usually coal-tar products, but only the following true flavors, extracted from fruits and aromatics, viz.: Vanilla, lemon, orange, nutmeg, almond, allspice, ginger, clove, cinnamon, rose, peppermint, wintergreen. Not the cheapest, but the best.

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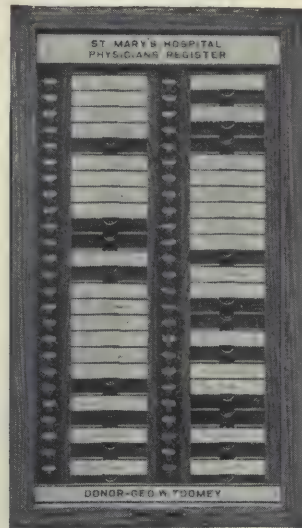
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The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKESIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

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Acknowledgments.

We beg to acknowledge the receipt of the following books, which will be reviewed as soon as possible:

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The Trained Nurse and Hospital Review

VOL. XLIV.

NEW YORK, MARCH, 1910.

No. 3.

A Successful Experiment in Educating Efficient Nurses for Persons of Moderate Income*

WILLIAM O. STILLMAN, M.D.,

Albany, N. Y.

IF you consider all of the practical aspects of the nursing question few physicians will be found who will deny the proposition that there is an urgent need for two classes of nurses. One must necessarily be the hospital graduate nurse, whose services are especially essential in the higher grades of surgical work, and in steady demand in medical cases for such families as can afford the expense. I believe that we cannot legitimately question the great value of her skilled assistance. Her long training and excellent discipline; associated with her carefully developed technic, justify her employment and the compensation which she receives. But we need another class of nurses who can meet the requirements and the purses of the masses of the people of moderate means. These persons constitute a very large majority of the population and it seems to me only fair and just that more moderate-priced nurses, possessing a less per-

fect knowledge of nursing technic and the conditions involved, should be available for their use. It seems to me that a movement to supply the latter class of nurses is as legitimate and proper as it is to meet any other necessity in the homes of people of limited income.

Various attempts have been made to meet this need for competent nurses in the homes of the masses. It is manifest on the most casual examination that nurses demanding from twenty-one to thirty-five dollars a week for their services are financially beyond the reach of over ninety per cent of the population. The average income of the great majority of American homes is less than this amount. Relatively few have saved money for a rainy day, which would be available to meet an expense of this kind even if it were wise to use up old savings in this way. Various expedients have been suggested to solve this problem. For hundreds of years, the old-

*Paper read before the Medical Association of the Greater City of New York, on November 15, 1909, at the New York Academy of Medicine.

fashioned, uneducated "Domestic Nurse" was relied upon to care for home nursing when the members of the family could not. While occasionally such "Domestic Nurses" were intelligent and conscientious, my experience has been that they were, as a rule, densely ignorant of the fundamental requirements of good nursing, and largely controlled by superstition, prejudice and laziness. In order to meet the situation, the plan of "Visiting Nurses" is in operation in some cities. These "Visiting" or "Hourly" nurses have proved of considerable value in chronic cases, but in acute sickness, where constant and skilled attendance is absolutely essential, I have found them comparatively useless. They are frequently supplied at low rates, for the homes of the poor, the balance of the compensation required by the nurse being made up by wealthy people or popular subscriptions. In the majority of American homes, excepting the very poorest, this is found to smack too much of charity to be acceptable. I believe that the plan of an endowment to assist patients in paying for a graduate nurse is open to the same objection as that which I have last suggested, and the further one that it seems absolutely impossible to develop a plan of this kind upon sufficiently large a scale to meet the great requirements of the masses of a population like that of the United States, especially for rural homes. Other propositions, as for instance an attempt to increase a general knowledge of physiology and hygiene by having it more thoroughly taught in the public schools, have been suggested to meet the demand for domestic nursing. This is likewise wholly inadequate, as is also the proposition that increased hospital facilities and community hospitals, established for

general use, should answer the purpose.

I have been very deeply interested in this question of efficient nursing for persons of moderate income for the last fifteen years and for about four years and a half have been conducting what might be called an "experiment station" for solving the problem of nurses for general domestic service. My work has been in the direction of producing less thoroughly trained nurses who can afford to work at relatively much lower prices than the "Registered Nurse." I understand that a somewhat similar work in supplying trained attendants for the sick is meeting with considerable success and approval in other places. Dr. James Tyson, of Philadelphia, is quoted as saying in regard to the poorer classes of patients that: "Either the trained nurse must be willing, as physicians are, to take such cases at less than their usual fee, or they must consent that there shall be a class of nurses not so well trained as their more favored sisters, who are willing for this reason to work for smaller compensation."

Nearly five years ago, assisted by about a score of physicians and surgeons in excellent standing in the city of Albany, New York, I undertook to start a school for educating and training domestic nurses. The outgrowth of this effort has been the development of a course of instruction extending over six months. Four months, or sixteen weeks, of this time are devoted to class work, including lectures by physicians and by the superintendent, who is a "Registered Nurse." Practical demonstrations of nursing technic are given by the superintendent and her assistants; instructions are also given by means of the human skeleton and animal dissections, as well as by the use of charts, etc. We have a

fairly thorough course of diet kitchen instruction in preparing food for the sick. An attempt is made to give this portion of the work a scientific basis by instruction in the chemistry of food. The head nurse was formerly a student in the Department of Domestic Science and Dietetics at Columbia University. About 128 lectures are given by the physicians and the nurses, and we have endeavored to make the plan of instruction practical and efficient. After the academic course, the pupil is required to demonstrate her application of the principles taught by two months' of bedside work under the observation of the head nurses. In developing this school, we have tried to profit by the methods and system of instruction in vogue in medical colleges, rather than by the long course of disciplinary training required of hospital school graduates. Most of the physicians who teach are connected either with our local medical college or the hospitals.

The requirements for admission to the school do not include a high school certificate, but only a grammar school education, such as shall enable the pupil to keep her charts and records intelligently and legibly. Women are not allowed to receive a certificate until they are twenty-one years of age. An effort is made to see that only women physically and morally fit for the work are admitted to the school. The text book employed are those usually adopted in schools for nurses and it really requires a good deal of hard and persistent study on the part of the pupil to come up to the percentage standard required for passing the final written examination. While there is no maximum age limit, we discourage from attending those persons who are long past the school age, as it is very difficult for them to acquire the

study habit and master the didactic course of instruction.

Our pupils are trained to take temperature, pulse and respiration. They are required to keep charts and records of their cases; they are instructed in the care and use of the catheter, and to prepare and give enemata of various kinds. While it is not expected that these nurses will undertake other than emergency work in connection with surgical cases, they are instructed quite carefully in the care of instruments and materials, and the preparation of dressings and the patient for minor home surgery. Of course, they are taught to give baths of various kinds, to make beds properly, to apply packs and prepare poultices, etc. Very great stress is laid upon the importance of asepsis, and the pupils are taught the elementary principles of bacteriology in connection therewith. The relation of micro-organisms to health and disease is clearly explained, and their characteristics are shown by means of charts, the microscope and culture tubes.

In determining upon a six months' course of instruction, several things were considered. The first point which we had in mind was that the course should be long enough to give the instruction actually necessary for intelligent domestic nursing, without waste of time or overtraining. The principal second point which we had in mind, was that it should not be made so long as to cause graduates of the school to consider themselves as in or approaching near to, the grade of the "Registered Nurse." We also found that many excellent and competent women were attracted to this scheme of instruction who had been suddenly thrown upon the world and left dependent upon their own exertions. Such persons, and many others, could afford to

devote six months to instruction of this kind who are unable to take a longer course. Often women are left with other members of their family dependent upon them. The problem in such cases has been how to become quickly self-supporting. After a careful study of this subject in all its aspects, we believe that we have arrived at a reasonable and satisfactory solution of this view of the problem.

In regard to the subject matter which should be taught, it was naturally deemed essential that the pupil should have a fair general knowledge of anatomy, including the bones, muscles, nerves, skin, and the principal internal organs. Of course, the functions of the various organs are necessary for an intelligent knowledge of the body from the nurse's standpoint. Thus physiology was naturally added. *Materia Medica* was added to the course so that the nurses should become familiar with handling and measuring drugs and their physical appearance. Special attention has been given to poisons and their antidotes. No one will question the desirability of nurses having a good fundamental knowledge of the principles of hygiene and sanitation. This includes the ordinary problems relating to air and water, disinfection, ventilation, disposal of waste and personal hygiene. It also seemed desirable that they should understand what to do in accidents and emergencies, especially before the physician arrives. Instruction is, therefore, given in what to do in cases of hemorrhage, poisoning, drowning, fractures, etc.

Obstetrics and gynecology usually engage somewhat the after attention of most domestic nurses, and very considerable attention is given to the scientific

side of this work, and the proper care of the child and mother, both at delivery and afterward. Among other directions in which instruction is given are the surgical relief of female complaints, the care of children's diseases, the handling of contagious and infectious cases, including venereal diseases, tuberculosis, typhoid fever, small pox and the contagious diseases of childhood. These and lectures on general nursing in both medical and surgical cases are included in the course of instruction.

Our pupils are taught concerning symptomatology and what is indicated by coughs, chills, diarrhoeas, profuse expectoration, as well as the general character of urine and intestinal discharges. The significance of pain, of disturbances of nutrition and the digestive apparatus are also explained. Instruction in sterilization and disinfection, the preparation of bandages, ligatures and gauze, rubber gloves, etc., are given, as well as the methods of giving anesthetics. Specialists give suggestions in regard to nursing in diseases of the eye (including ophthalmia), as well as ear, nose and throat diseases. Electricity and electrotherapy are briefly explained by an electrical specialist. Our nurses are encouraged to take nursing magazines, and to continue their studies after graduation. We require them to wear a nurse's cap and distinctive nurse's dress as calculated to appeal to their pride and interest in their calling. We are obliged to refuse some pupils graduation. Some of them afterward become Registered Nurses, and a few do not follow nursing as a profession. We have graduated something over one hundred and fifty pupils and the great majority of these are doing exceedingly well. We encourage our graduates to restrict their

charges to from twelve to fifteen dollars a week. They are oftentimes offered much more. As a rule they are in steady demand.

I present this experiment for your consideration because it is a practical attempt to meet the problem of educating efficient nurses for persons of moderate income. There is a great need for this class of nurses, particularly in the smaller cities and in the country dis-

tricts, where competent nurses are very difficult to secure. Undoubtedly changes in method and policy will be brought about in course of time, but I am persuaded that this plan is worthy of the careful and conscientious consideration of those members of the medical profession who are deeply impressed with the necessity of providing intelligent and trained care in cases of sickness in the homes of the masses of the population.

Important Points on the Care of the Newborn Infants

When urination is delayed immediately following the birth, try a warm sitz bath for the baby and give plenty of water, not too cold, to drink.

When the baby suffers frequently from colic and is troubled with rumbling in the bowels and general restlessness, an irrigation of the colon with salt solution, using a medium sized soft rubber catheter, will usually give relief. The solution should be injected a little at a time and continued till it returns clear.

The weaker the baby the more it becomes exceedingly important to prevent heat loss. To keep the baby thoroughly warm, to prevent chilling at any time, and to keep the supply of air pure, are all important points to be watched.

When the cord remains constantly moist a washing with alcohol about 95 per cent will help to improve conditions.

The navel should always be regarded as a wound, requiring the most exact surgical cleanliness.

When the baby has difficulty in nursing, the application of a hot fomentation to the breast before each nursing, over the nipple, will help to lessen the trouble by bringing the milk to the surface.

A great deal can be learned as to the child's condition by carefully observing stools. The normal stool in the newborn is dark green for two or three days, gradually becoming brown. The change from brown to yellow is gradual and by the end of the first week the stool should be a golden yellow. When a baby is not getting sufficient food the color of the stools will remain brownish rather than yellow.



The Nurse's Protection of the Public in the Contagious Diseases of Children

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THE care of the child who is stricken with a contagious disease is almost entirely given over to the nurse and much of the responsibility of the limiting of the spread of the disease in question devolves upon her shoulders. Constantly in touch with the child and in the confidence of the family and friends she occupies a position which is pregnant with opportunities for the public good. On the other hand, by ignorance, wilful neglect or indifference she may miss her opportunity and be morally responsible for the further spread of the disease.

Indifference on the part of the nurse or the lack of a clear-cut appreciation of her responsibilities are the chief dangers. It is so easy to fall in with the suggestions of the family or friends of the patient and become indifferent because some one of them with a little knowledge of the disease and a large opinion of his or her own importance force their ideas. Many times I have had it said to me that it seemed best to be politic in this matter and that the nurse could not afford to antagonize the intruding neighbor or friend. I realize the position in which the nurse may be placed, but in the presence of a contagious disease, policy has no place. Tact may be used in handling the offender, but the nurse cannot afford to take an uncertain position. Without assuming too much of an air of authority

she must become master of the situation and insist upon the complete enforcement of certain regulations. Many of these regulations apply to all cases of contagious disease, and to avoid repetition these may be considered collectively.

For practical purposes let us assume that the nurse is called to attend a child ill with a contagious disease; what is her first duty? This will depend upon two factors: (1) the disease present, and (2) the stage of the disease.

For instance, whooping cough is a disease which will be treated largely in the open air, and the regulations necessary to prevent the infection of others will be entirely different than in most other diseases. Certain special precautions are necessary. The child should be taken aside at the approach of a paroxysm and if possible the expectoration should be received into a cloth which may be destroyed later, or if in the street, the expectoration should be covered with earth to prevent its drying and flying about. The mucus should not be drawn from the mouth by the fingers, as is often practised, nor should it be allowed to be smeared over the clothing. And likewise in the case of diphtheria; while the measures of isolation which are hereafter suggested will be maintained there should be instituted at once the further protection of immunization by the injection of small doses of antitoxin to

prevent the development of the disease in those who were possibly exposed.

If the disease has been of several days' standing and the proper measures have not been instituted to control the hygiene of the child's surroundings, considerable judgment will have to be shown in the disposition of the articles in the sick room. It may be advisable in some few instances when the child is seen late in the disease to allow the arrangement of the room to remain quite nearly as it is. In any event, if the removal of certain articles seems desirable, such articles must be disinfected, as is suggested later on. In these late cases, the nurse's efforts to limit infection must be redoubled and the watch for symptoms which might even remotely suggest the onset of the disease in other children must be vigilant.

The general management of contagious diseases in children might be classed under the following headings:

1. *Securing the co-operation of the family.* I place this first not alone because of its importance, but because it is logically the first step in the nurse's introduction to the case. If upon first entering the home the nurse would tactfully select one or two (preferably one) of the family and take them aside and in a few words explain to them that her coming into the home places upon her the great responsibility of the care of the child and the protection of others and that she feels confident of the co-operation of the members of the family in her work, but wishes an assurance of it in words from those to whom she has elected to speak, a great advantage will have been gained.

This is no small part of the management of the case and the few minutes spent in its application will prevent

many hours or even days of antagonism and perchance open rebellion. It is best to talk to one, or not more than two, because in that way the element of personal contact is infused and each of the two will act as agent in the securing and holding the co-operation and trust of the other members of the family. If many are spoken to the appeal becomes somewhat impersonal and loses almost entirely its effectiveness.

2. *Isolation of the child.* This is imperative in all cases of contagious disease. Isolation, as it is ordinarily practised, is not always effective, because the separation of the child from the rest of the household and its confinement to one room does not sufficiently protect others. Efficient isolation means that while the separation takes place it is two-fold; separation of the child and others and separation of others from the child and all that comes into contact with him.

Any room will not do; it must be selected because of the possibilities of complete isolation, perfect ventilation and cleansing. In considering complete isolation the nurse must remember that the admittance of pets (dogs, cats, etc.) to the room is more dangerous than the admission of persons and must be absolutely prohibited. If possible to secure the use of two rooms, one may be used at night and the other during the day, so that each may be thoroughly ventilated while not in actual use.

Sometimes the question will arise as to whether it is best to remove the patient from the house or take away the unaffected children. In every instance many difficulties would be overcome if the first procedure was followed, but parents are very loath to allow the removal of a sick child and if removal was attempted late in the disease, it

might prove harmful. If the question arose in an early case we should be ready to encourage the removal of the patient from the home.

In every instance of a contagious disease in a household the visits which the members of that home are accustomed to make should be restricted, although not necessarily strictly forbidden. The children of the home should be absolutely forbidden to attend school, children's parties, or any other gathering of children until every chance of spreading the disease is over.

After what has been said it is quite unnecessary to dwell upon the fact that as far as possible the sick child should have but one attendant at a time in the room. On the other hand, such restriction may prove harmful to the child because of its fretting and worrying, and in such instances I feel the nurse is justified in allowing the presence of the mother or favored one, providing the attending physician consents and the mother submits to the rules of the sick-room.

Isolation of the child with whooping cough is far different than that of any other disease. The greatest benefit is received from the child being constantly in the open air, and the reason why the coughing spells are always worse at night is because the house is of necessity closed up and the child deprived of its fresh air. Isolation in such cases must consist of every effort to prevent the child from coming into direct contact with other children. He may play about his own yard or house, but if allowed the freedom of the streets unguarded he is sure to mix with other children. This should be prevented.

3. *Preparation of the Room.*—After the selection of the room, it should be

stripped of as much of its furnishings as is consistent with reasonable comfort. All draperies and curtains must come down; the carpet or rug, if there be one, must come up.

The furniture which is placed in the room must be of a style which is easily kept clean, and therefore the plainer its surface the better.

If there are closets or shelves about the room these should be cleared of all their contents. Everything must be done to make it possible to start with a clean room and to be able to keep it so.

Just outside of the room door there should be placed a plain wooden chair or table to receive and hold the articles of food or necessities which may be brought for the patient. After these things are deposited, the carrier should be given an opportunity to get at a safe distance before the nurse takes them.

4. *Ventilation of the Room.*—Pure, fresh air is just as essential to the child ill with a contagious disease as is pure, fresh food, and it must be given just as regularly. The child's bed should be so placed that when a window and door are opened (or more than one window) that the current of air which is forcible between the two does not strike the bed. There must be the avoidance of drafts, but fresh air must be admitted freely. In cold weather it may be advisable to use a ventilating board, or if the bottom sash is raised to the place of the top one and the top one lowered to the place of the bottom one, ventilation is possible without draft. At least every four hours, the child should be covered up warmly and the room freely ventilated for a few minutes with open windows. The room temperature should be about 70 deg. F.

There are some popular notions in regard to measles, especially, that need to

be contradicted. To the lay person the child with measles must be placed in an overheated room without reasonable ventilation, covered with heavy blankets, given hot drinks and the room darkened completely. Such a procedure is little short of folly. The child with an attack of measles needs just as much fresh air and as cool air as the child with any other contagious disease, and the effort to deprive him of it must influence an unfavorable outcome of the disease. While the room may be darkened, this is only necessary because of the irritation which is often present in the eyes, and the room need only be darkened sufficiently to cause the child no discomfort as it looks toward the light. Keep the windows open in measles as well as in the other diseases. There is always one constant danger in measles, and that danger is of broncho-pneumonia, but it does not come from the admittance of fresh air to the room. In fact, the closeness of the room when it is shut up is one of the greatest factors in weakening the child's resistance and permitting conditions to exist which favor the development of this complication.

And the skin of the child with measles must be as carefully cleansed as in the other diseases. The public must be taught that its notions in this regard are based upon ignorance and that the child with measles must be given a square deal.

5. *Care of the Room.*—The surest way to invite disaster in a contagious disease is to allow dirt to accumulate. Every effort must be made to keep the room absolutely clean. The floors and the woodwork should be wiped with a damp cloth (preferably with a two per cent solution of carbolic acid) at least twice daily. If a careful selection has

been previously made of the furnishings of the room they may receive the same treatment as the floor and woodwork.

When necessary to sweep the room, wet sawdust or old newspapers dampened and torn into small pieces should be strewn upon the floor and then the use of the broom will not raise the dust but collect it upon the dampened surfaces. These sweepings must be burned, and the broom kept in the room at all times.

All bed linen and personal clothing and all cloths and apparatus which have in any manner come into contact with the patient should be thoroughly disinfected before their removal from the room. After removal from the sick room they should be boiled for ten to fifteen minutes at least.

6. *The Utensils and Toys.*—The dishes used by the patient should be marked for identification in some way and should be reserved for the patient's use exclusively. Under no circumstances should they be removed from the room to be mixed with similar articles used by others. They may be washed with a two per cent carbolic solution in the room and then thoroughly rinsed off with very hot soapsuds and water. It is necessary also to make the proper disposal of the water used in the rinsing, and this should be immediately thrown into the toilet.

The toys should be old ones, and for two reasons: first, there is no hesitancy about the destruction of old toys after the child has recovered, and while ill the child's nervous system is in such a condition that nothing should be done to excite it. New toys excite an interest which may be harmful to the patient.

7. *The Care of the Patient.*—The nurse must remember that she is dealing with a child—an irrational being whose chief characteristics are restlessness and

immaturity. Every effort must be made to keep the child quiet, contented and happy. Such a child has a far better chance of recovery than one that is treated amid the exhausting factors of noise, unnecessary restraint and discontent. The toilet of the mouth in the contagious diseases must be rigorous. For this purpose the liberal and frequent use of a saturated solution of boric acid, or one of the very mild antiseptic mouth washes, is the best. In diphtheria it may be necessary to use stronger solutions, but this is only advisable under the direct advice of the physician. The nose should be kept clean also. Frequent sponge bathing is absolutely necessary because the skin is active, and if the pores are allowed to become clogged up the eliminative force of the child is decreased.

The bowels should be evacuated at least once during the twenty-four hours, for with less than this there cannot be the thorough cleansing of the system which is so essential to the comfort and well-being of the patient.

8. *The Clothing of the Nurse.*—Every one who purposes to attend the infectious diseases should provide themselves with a gown made of a suitable washable material. This should be worn in the room and discarded when it is necessary to leave the room, so that there is less chance to carry infection to others. Immediately upon re-entering the child's

room the gown should be put on again. It will be readily seen that a change of gowns is absolutely essential. Such a gown should be as plain as possible, and made with elastic bands in the sleeves to keep them close about the arms.

9. *Disinfection After Convalescence.*—After the child has completely recovered there must be a thorough disinfection of the room and all of its contents. As far as possible articles which have been in contact with the child should be burned. The child should receive a shampoo with green soap and finally a complete bath in a solution of bi-chloride of mercury of a strength of 1-3,000. Such disinfection should not be attempted until the nurse is assured that the disease has actually terminated. In the case of diphtheria this will be evidenced by the disappearance from the throat of the patient of the diphtheria bacilli; in scarlet fever by a complete cessation of peeling (and this usually persists about the toes and fingers long after the rest of the body is clear), and in measles by the disappearance of the small scales which are thrown off of the skin.

During measles it is not necessary to maintain such a strict quarantine for the adult members of the household, because one attack usually confers immunity against another, and having had the disease in childhood, they are no longer liable to its development.

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The Development of Bacteriology

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THE word bacteriology, to many people, means absolutely nothing. Others have a rather hazy idea that it has something to do with the study of bacteria, but they are not exactly sure what bacteria may be, nor yet what there is about them to be studied. Nevertheless, that is its meaning—the study of bacteria, a study which has in recent years grown to the dignity of a science and which comprises a knowledge of the dwelling-place, growth, reproduction and habits of these idle organisms, as well as their effects upon animals and human beings.

If the name "bacteria" seems unfamiliar to any of you, remember that the rose under another name would smell as sweet, and call these organisms "germs." Then there comes before your mind's eye a picture of some sort of a bug that in some mysterious way causes disease. The picture, as it appears to the average layman is usually far from being correct, but through no fault of his own, for the larger part of his information on the subject is gained from the jokes and pictures of the comic papers, where the germ is likely to be portrayed as some horrible animal, almost dragon-like in appearance, with hoofs and horns that the evil one himself might well be proud of, along with any and all the other equipment that the fertile imagination of the artist can suggest. Even relying upon this for a description of the beast, we are still left in doubt as to his real size, habits, mode of travel from one place to another and his method of producing disease after he gets there.

The first surprise that comes to one

who has formed some such idea as the preceding, is to be told that these germs are not animals at all, but most humble representatives of the vegetable kingdom, a sort of fungus.

One can hardly imagine anything so small. In order to study them carefully one must use the high powered lenses of the microscope, and even then they appear very tiny.

This class of vegetable organisms includes—yeasts, or budding fungi, moulds or filamentous fungi; and bacteria, or fission fungi.

Yeasts are those cells which cause alcoholic fermentation in materials containing sugar. They are small cells which can live without oxygen and which multiply by budding. A small bud projecting from one end of the cell grows larger and larger till it reaches the size of its parent cell and then it too gives off a bud, the whole group finally being arranged like a string of beads.

Moulds consist of fine fibres, each fibre made up of a single row of cells placed end to end, but they do not bud and this distinguishes them from yeasts. This class is connected with the decomposition of organic matter and is commonly seen on stale bread, cheese, etc.

Bacteria are the ones that chiefly claim our attention. They are minute vegetable cells, without branches, having no chlorophyl; that green coloring matter which is usually found in vegetable cells, varying in shape and sometimes having a tail by which they are able to move about something after the fashion of a polywog.

The extent to which they surround us is almost appalling. Under us, over us, inside and outside they congregate like an invisible swarm of bees. The air we ordinarily breathe, especially if dusty, is full of them; although it is said that there are none in the air over deserts, oceans and mountains. The food we eat, unless just off the fire, has its share. Water, unless it comes from very deep wells, is hardly free from them, although we are likely to speak of it as "pure" spring water. The earth, to a depth of two or three feet is another roosting place and so closely do these little organisms stick to our skin, even penetrating into it, that the most vigorous scrubbing with soap, water and a brush is necessary to remove them.

If bacteria can obtain sufficient food and food of the right nature, their rate of growth is marvellous. New germs are formed in two ways; either by the formation of spores or seeds, or else by division of the existing germ; each one dividing in the middle to form two, each of these two forming two more and so on. This process requires a variable length of time, depending upon the nature of the germ. Some kinds require an hour, others only twenty minutes. From actual experiment it has been found that if in a cubic centimetre of water—about 15 drops—we find, say, 200 bacteria, at the end of twenty-four hours the number will have increased to 5,000, at the end of another twenty-four hours 20,000, and by the fourth day they are uncountable. Scientists have calculated that a germ dividing once an hour, forming first 2, then 4, 8, 16, 32, and so on, would, in three days, if all conditions were ideally favorable, form 4,772 billions; a mass which, though it can be reckoned, can scarcely be imagined and the mass would weigh something like

7,000 tons. Fortunately for us they can seldom get food to carry on this rate of development, and a great number die, not only from lack of food, but from other conditions, such as a temperature too hot or too cold, too much or too little moisture, things which are of themselves a hindrance to growth.

Some grow upon dead organic matter and are not able to invade living flesh. Such are called saprophytes or non-pathogenic. Others do invade living tissue and cause various diseases, therefore are called pathogenic, which means disease-producing. Parasites, as contrasted with saprophytes, are those that grow in or on the tissues of living bodies.

Obligate parasites are those that have never been cultivated outside the body, as, for instance, the bacillus of leprosy.

Facultative parasites usually live outside the body, but may enter into it and cause disease. One form cannot be changed into another, but each always maintains its identity and every germ is formed from one which existed before. There is no spontaneous generation.

Bacteria seem to possess the power of attracting to themselves the elements necessary for their nutrition and of repelling those which are harmful, these properties being known as positive and negative chemiotaxis.

In regard to their size—the round bacterium, or coccus, is seldom more than $1/25,000$ of an inch in diameter. Other forms which are a little longer than they are wide, measure from $1/12,000$ to $1/6,000$ of an inch in length, but there are many deviations from these dimensions in certain forms. Accepting the above as correct, however, a mere pin-scratch, half an inch long on the surface of one's body, would form a gateway through which over 12,000 of these

round germs could march abreast and with no danger of rubbing elbows.

The three chief forms of bacteria are: Coccus, an oval or round organism, Bacillus, or rodlike,

Spirillum, which is corkscrew shaped.

It is obvious that this is a classification according to shape.

Different varieties of these classes are designated according to the manner in which the bacteria arrange themselves in groups; mono—signifying a single one; diplo—, two; tetra—, four; sarcinae, a cube; strepto—, arranged in chains; staphylo—, in irregular groups like bunches of grapes.

These terms are prefixed to the name of the class to which the organism belongs, as diplo-coccus, strepto-coccus, etc., and it is in the coccus class that the greatest variety of groups is found.

Named according to function, we have: pyogenic or pus-forming; aerogenic, gas-forming; chromo-genic, color forming and so on.

Multiplication occurs either by division, as already described, or by the formation of a spore, which corresponds to the seed of a plant. This formation of the spore takes place when the germ is about to die, possibly from too much air or too little food. It almost seems that the organism realizes that its days are numbered and it very promptly goes to seed in order that its race may not die out, for the spore is very hard to kill. It will often withstand a temperature twice as hot as would have killed the parent germ, and if later placed under conditions favorable to growth it will develop as dried seeds do when they are planted.

In order to grow and multiply, bacteria require a suitable soil and the favoring influences of a mild degree of heat and moisture. Some require albuminous matter, others—carbohydrates. In the

laboratory beef tea, gelatin, milk, blood serum, white of egg and raw potato are some of the materials used. All bacteria require a certain amount of water. If dried, no organism will multiply and many forms will die. The fluids and tissues of the body may at one time furnish a suitable medium for the growth of some disease germs and at another time may not; which would partly account for a person's contracting the disease at one time and escaping it at another.

The majority of the bacteria grow best when at rest; violent motion seems to retard growth. Sunlight especially hinders the growth of the bacilli of tuberculosis and typhoid fever. Exposure to the so-called X-rays also retards growth. Temperature has a great influence. Most of the bacteria grow best at a temperature of 86 to 104 degrees Fahrenheit, with an average of 98.6, which is the temperature of the normal human body. Freezing renders bacteria motionless and unable to grow, but does not kill them—they again become active when warmed. This was demonstrated in England a few years ago when some bacteria were placed in tubes, sealed and immersed in liquid air for a week. Liquid air has a temperature of 284 degrees below zero Fahrenheit, but when placed in an incubator at a temperature of 98.6, those same bacteria went on growing as though nothing unusual had happened.

High temperatures are fatal, moist heat being more destructive than dry, and fully developed germs more easily killed than the spores. Although there are a few spores that can withstand boiling, as a practical fact boiling water will kill, in a few minutes, all forms of cocci, most of the bacilli and nearly all pathogenic spores.

(To be continued.)

Are Midwives a Necessity in America?

CHARLOTTE A. AIKENS.

IN the December number of a contemporary journal attention is called to the investigation into midwifery conditions in Baltimore, which showed that out of 150 midwives practising in that city 99 had no diplomas, 37 were able neither to read nor write, and 46 use no antiseptics on hands or instruments. The statement is made that efforts will be made to secure legislation at once to provide for the proper training and registration of midwives. The writer of the note adds the following comment: "*Another good argument for registration of nurses. Midwives should be trained nurses.*" The comment is interesting, but the interest would have been greater if the writer had given a reason for the faith that was in her—in other words, if she had told why she thought midwives should be trained nurses. If midwives ought to be trained nurses, why do not trained nurses become midwives?

Would a registration law such as those now in operation relating to nursing improve the midwifery situation? If so, how? What would be the attitude of the medical profession should trained nurses undertake midwifery practice,

Are midwives a necessity in America? Some time ago, the writer put the question, "Are midwives a necessity?" to a nurse, one who probably knows the ins and outs and pros and cons of the midwifery situation as well as any individual in this country. "I think they are necessary," was her reply. "That is," she added, "the women of the poorer classes who employ them would be worse off

without them than with them under present conditions."

The same question was put to Dr. De Lee of Chicago, who has done, and is doing, so much to elevate obstetric practice. Dr. De Lee's letter is as follows:

"Your letter is at hand, and I have thought quite a little since it came. You are right in thinking that the midwife question is a serious one, and that an effort ought to be made to make the calling an unnecessary one. I am very much afraid, however, that the difficulties will prove too great. The midwife question is one of the oldest with which the human race has had to deal, and I am not very optimistic about its being settled in our generation. An effort, however, has been made to eliminate the midwife. It has met with greater success in large cities with concentrated population than in the country districts. Obstetrical practice is essentially complicated, and differs from the other kinds of medical and surgical practice. It requires the most unselfish sacrifice of time and strength. It is almost impossible, therefore, to get a good medical man to adopt it as a specialty, and those that acquire special ability in the practice go over to gynecology or general surgery as soon as possible. As a result, the women receive continual poor service, and this is true in the highest and lowest classes. The midwife is a horrible example of the low status the specialty of obstetrics holds among the professions, and attempts to eliminate the midwife ought to be in reality attempts to elevate the standard of obstetrical practice and teaching.

"Very few physicians are willing to give their time and strength to an obstetric case for the pittance of the fee that they receive, and it is questionable whether the very poor could pay the doctor what the services rendered them would be worth. Obstetrical dispensaries relieve the situation, and take care of a great percentage of women that would go to the midwife. The dispensaries instruct the young physicians in the care of confinement cases, and elevate the standard of obstetrical practice. The dispensaries, however, do not relieve the less poor and the middle classes, who still employ midwives.

"It has occurred to me that the trained nurse might step into the breach between the doctor and the poor case, but I have not thought over the matter enough to make the suggestion a positive one. If the nurse could be edu-

cated to take care of the poor woman, and if the doctor were called for the actual delivery, thus sparing the latter an enormous waste of time in waiting, such a plan would go far towards eliminating the midwife. This is being done among the well-to-do at present. Perhaps the Visiting Nurses' Association could provide such nurses for the middle class and the wage-earners."

Without doubt there are places—isolated sections or sparsely settled districts such as are found in the Canadian North-west—where trained nurses who had in addition a midwifery training and legal recognition as midwives would find a splendid field of usefulness, and one that should be fairly lucrative, but that trained nurses are needed to take the places of say, for example, the 150 midwives in Baltimore, we are hardly ready to admit, till other methods have been tried. We are strong in the belief that if a concerted attempt were made by the hospitals and medical schools and philanthropic organizations of a city; if the obstetrical out-patient departments were developed and systematized; if a city could be districted for such work, each hospital being responsible through its out-patient department for the obstetrical work among the poor in a given territory, that the necessity for midwives would surely be lessened. In a city where only 150 midwives are practising, a city as well supplied with hospitals as Baltimore, it ought not to be assumed to be an impossibility to supply proper care to the class of patients now ministered to by this band of 150.

In the distinctly foreign sections of the great cities the complications of language add to the difficulties of the problem. The foreign woman prefers a midwife of her own nationality if for no other reason than that she speaks her language; but there is much weeding out necessary, and if midwives foreign or na-

tive are to be allowed to assume the responsibility of managing lying-in patients there is no question as to the need of supervision and proper training. Those who desire to make a living by such work should be forced to make preparation for it and have their fitness certified to by some responsible body.

We are inclined to differ with Dr. De Lee as to the comparative amount of midwifery practice managed by midwives in country districts and in cities. America is too broad to make positive statements or sweeping generalizations about the matter, but in the country districts of which I have personal knowledge the neighborhood midwife is practically extinct. There are monthly nurses, untrained for the most part, who care for confinement cases in country neighborhoods, but I know of none who do not insist on a doctor being in charge of the case. A large part of the practice of the country practitioner (in the districts with which I am familiar) is obstetric practice, and as doctors have multiplied, the old type of neighborhood midwife has disappeared from the field. The older women who were "handy" at such work, and willing to oblige a neighbor, have died, and their daughters have shown no inclination to take their places in this respect. Nurses who have had a moderate degree of training and who will serve at a moderate rate are badly needed in country districts and country towns. There is a wide, unoccupied field yet to be covered by such nurses, but the need for midwives in the well-settled rural districts does not seem urgent. The midwife problem is chiefly a city problem. Branch dispensaries for this class of work in different parts of the cities, organization, education of the people to the advantages

of applying to such dispensaries for care at such times, the weeding out of the incompetent, filthy, dangerous midwives, and close supervision of those who practise the art, will do much to improve conditions. It is a form of social service which badly needs more attention.

When the matter of providing reasonably efficient nursing for people of moderate means is settled, or a practical plan or system of meeting such a need is set in motion, when the nursing field is *regulated*, the need of midwives for middle class people will soon disappear. Hourly

nurses can attend to such patients as are provided with a continuous caretaker—relative or friend or neighbor—and where these latter are unavailable for such service, the nurse trained for such work in middle class homes will serve under the direction of the doctor. The midwife problem is only one phase of the one great problem, *the care of the sick*, a problem which needs to be studied as a whole and legislated for as a whole, in every State and County, especially that part of it which involves nursing of any grade.

Important Points in Nursing Puerperal Sepsis

In spite of the fact that sepsis has occurred, it is important to use aseptic precautions regarding instruments and appliances used about the genital tract.

Such patients are very liable to develop bedsores and constant vigilance to prevent this distressing complication should be used.

As a measure toward personal safety as well as of carrying infection to others the nurse should wear rubber gloves when cleaning the vulva or giving treatment in that region. All scratches and abrasions on the nurse's hands and fingers need to be protected.

To support the strength of the patient by properly prepared and administered food is one of the most important of all

nursing duties in such cases. De Lee says nourishment should be pressed on the patient and the appetite tempted with all the art the nurse possesses. If the stomach should prove intolerant, the strongest ally in fighting this disease is lost. The best results are obtained if the patient can eat and digest well-prepared home foods. If the case is likely to be protracted semi-solid foods may be ordered in addition to the most nourishing fluid foods.

All soiled vulva pads should be wrapped in newspapers when they are removed and burned as soon as possible.

The mouth requires the same scrupulous care as in nursing a typhoid case.

If delirium occurs see that the patient is never left alone for a moment.



The Value of Trifles

ANNETTE FISKE.

MOST of us seem to be so taken up nowadays with the larger issues of life that the trifles come in for small consideration. So absorbed do many become in the great questions and problems that the little duties close at hand are frequently neglected. And yet the importance of trifles in all walks of life and under all circumstances can hardly be overestimated. The life of every professional person is more or less a double life, the distinctly professional life and the home life being more or less separate. With the nurse, especially the private duty nurse, this is particularly true, for one might say that her professional life is absorbed by her patient almost to the exclusion of her everyday self. Both in her professional life, however, and in her own individual existence, she usually fails to lay adequate emphasis upon the trifles, the details. In her nursing course, to be sure, she is taught the importance of detail along technical lines, but she does not seem to imbibe from this teaching the general principle of the importance of little things in life. Rather does she seem to gather merely that the details of one or another act of nursing should be done accurately and conscientiously; why, she may or may not understand.

Aside from the technical details of the nurse's work, however, there are what may be called *ethical details*, which theoretically are taught, but which practically are frequently overlooked. They are the little things which, because they do not at first sight appear essential to the

well-being and progress of the patient, are apt to get omitted.

Did kindly conduct and the expression of sympathy get the close attention which is bestowed upon surgical cleanliness and other nursing technique, there would be less need of so much talk of psychotherapy. There are many little niceties of courtesy, to say nothing of trifling services, which in one sense are not essential, but which are distinctly beneficial to both patient and nurse. Good habits, like bad ones, grow and become confirmed with custom. Habits are being formed at the hospital, and they should be good on all points, and especially so upon the finer side of life.

It is a useful and beneficent fact that the same great principles may and should rule all our actions, great and small, in our leisure as in our work. Yet small sins are frequently condoned where larger ones of the same kind would be strongly condemned, and people frequently apply one standard of ethics to their work and quite another to their leisure. To be careless in our way of living between cases is pretty sure to lead sooner or later to carelessness on our cases, and it is always in the small, unimportant matters—or what appear unimportant to the individual—that the deterioration begins. Many nurses who are most particular in their surgical work have very untidy rooms, and frequently this untidiness shows itself on their cases in what may pass for the less essential parts of their work, showing that the cleanliness is not inherent, but superficial, and applied only under cer-

tain circumstances where its importance has been strongly impressed upon them.

When a nurse comes in from a case she has, as a rule, practically no duties, and is free to do exactly as she likes. It is, therefore, easy for her to lower her standards. She need not go to bed or get up at any special hour. Therefore, since it takes more effort to go to bed than to stay up, to get up than to stay in bed, she is apt to follow the line of least resistance and keep late hours both with regard to retiring at night and rising in the morning. She considers it really immaterial whether she goes to bed or rises early or late. Yet even if it is immaterial in itself, is it not demoralizing to let one's self slide and leave one's actions to be guided by chance or caprice rather than by will? It is not half so much the late hours that are bad for her as it is the fact that she has no reason for them beyond a feeling that it is easier to drift than to plan. Once she starts on this course of drifting she goes from bad to worse. One step naturally follows the other and the will to plan is gone. Perhaps she has breakfast and perhaps she doesn't, as the whim takes her. The other meals she is more apt to take, but the hours are likely to be irregular and the food whatever is handiest and easiest to prepare, unless she is so fortunate as to take her meals with a family. She may go out if there is some place she wishes to visit; otherwise she probably sits about the house. To take a walk for the sake of getting air and exercise seldom occurs to her. She is too tired to do anything but what is necessary or what she feels like doing—that is, she thinks she is. Such a frame of mind is not only demoralizing for the time being, but it cannot but leave its mark upon the person who harbors it.

Total relaxation is a good thing occasionally and for a brief interval, but when continued for any length of time it is a very bad thing. Every one knows that, while the muscles need rest after prolonged exertion, if that rest continues for any length of time the muscle becomes flabby and weak. It is kept in its best condition by moderate exercise, and if different sets of muscles are used alternately a very constant activity can be maintained without any part becoming overtired. Indeed, a change of work is the best kind of rest, except where complete exhaustion has already taken place, and that is not a condition that need be considered here. I do not mean by work necessarily hard work, but rather some kind of occupation that will take up the time and keep body and mind from rusting—from becoming flabby and weak, as it were. When one comes in tired from a long walk one does not necessarily go to bed and take a complete rest. More likely one gets an interesting book or hunts out some pleasant comrade with whom to chat. It is only the muscles of the legs that need rest, and the other parts of the body are quite ready to take their turn at exercise.

It does not matter half so much what the nurse does between cases as how she does it; she should not drift. If she is very tired let her go to bed early by all means, or let her take a nap during the day, but let her do it deliberately and not because there is nothing else to do just then. She will find herself more rested if she keeps moderately regular hours and occupies herself with little duties than if she floats upon the tide of chance and considers herself wholly free from obligations to herself or any one else. As a matter of fact, we cannot free ourselves from our obligation to

ourselves, however much we might like to do so. If we neglect it, we pay for such neglect in the end in weakened health, weakened will, weakened character. We need to rest from our nursing, but we need to rest in a sensible way, not to rust. Some outside interest is a great advantage as providing a pleasant occupation between cases, but few nurses seem to have any. "We have no time for anything of that kind," they say. "Our nursing occupies us fully while we do it, and leaves us too tired for anything else between whiles." Nursing does take too much of one's time and strength to admit of any large outside interest perhaps, but the small things are numerous and often well worth while. One can expect to do but one great work, but that offers many side issues that should prove interesting and profitable enough to afford occupation for much leisure, to say nothing of interests further afield. In the ordinary course of events there is always a certain amount of mending to be done to get clothes in order for the next case, and the nursing journals and other books on nursing always offer a profitable pastime. Then there are letters to be written to friends and calls to be made, to say nothing of occasional concerts and plays. It would seem as if here alone were enough interests to occupy some days of leisure. "Why," some one will say, "every one does those things." Some do, perhaps, but how many of them put them off until suddenly they find themselves sent upon another case, and nothing done! To keep in touch with one's former patients is for the private nurse both pleasant and desirable. Many patients like to have the nurse come to see them occasionally, and it keeps the patient interested in nurses and their work and gives

the nurse the happiness of increasing friendships and constantly widening interests. If the nurse is interested in social work she can generally keep in touch with one or two families by writing occasionally when on a case and going to see them between cases. It is not always the tangible things we do for people so much as the good will and friendliness we show that count. Moreover, there are always places of interest to visit, either of professional or of historic interest, and also places that are simply beautiful and restful. The nurse's stay at home between cases, however, is of such doubtful length that it is a great advantage to plan for it beforehand so far as that is possible. It is astonishing how much one can accomplish merely by planning. Plan somewhat more than you think you can in any way accomplish and you will marvel afterwards that you could carry out so much of what you planned.

Many nurses fail to take life philosophically. Oftentimes when returning to work they go to a case with a chip on their shoulder. It may be they expect to find themselves treated as inferiors, it may be the fear to be imposed upon, it may be—but it does not matter what they expect, what molehill they are magnifying into a mountain, so long as they do not go with open minds and the expectation that things will be pleasant. All this may not react upon the patient, at least not to any appreciable degree, but it does react upon the nurse. Most often perhaps in such cases her fears will prove unfounded and she will settle down to her work with a good heart, but it has nevertheless sapped her enthusiasm to some extent and it has left her in a frame of mind to be easily disturbed by outward circumstances, whereas if

her fears prove to have some foundation she is in a fair way to make a failure of the case.

A lack of any interest beyond the bare technical nursing tends to make the nurse self-centred and prone to look at everything except the welfare of the patient from the point of view of her own comfort and fancied interest. She wants to take good care of the patient technically. After that she expects to consult her own comfort and pleasure. And yet there is no swifter course to dissatisfaction and discontent than to seek one's own happiness directly. There is more grumbling and criticism done by those nurses whose cry is: "I am as good as they and I do not intend to be

imposed upon," than by those who go on a case with the idea of simply being as helpful as possible and of finding things pleasant. The world is much what we make it and as we find trouble if we look for it, so we find pleasant things if we look for them. To go to our work with the determination to be pleased and happy, come what may, is very different from going with the determination to order things for our own comfort so far as possible. To make the best of circumstances is an excellent habit to form and will stand the nurse in good stead. In fact, the manner of the nurse's life renders such a habit almost requisite if she is to be truly happy.

Sterilization of the Skin with Iodine

THE British Medical Journal describes a method of sterilization of the skin with iodine which thus far has given very satisfactory results. A weak solution of iodine, using one part of liq. iodi fort. B. P. and three parts of spirit was prepared. The spirit was made by mixing equal parts of methylated spirit and distilled water.

The method is to paint a wide area of the surface to be operated upon with the iodine solution previous to the administration of the anæsthetic. It is painted on very freely, especially over hairy parts, and allowed to soak in. It is again painted immediately preceding the

operation. After the stitches are inserted they are painted over for a margin of an inch all around.

The first and only dressing is usually made on the eighth day; the stitches are then removed, and the line of incision with a margin of one inch is painted with the iodine solution. If for any reason the wound requires to be inspected at an earlier date, it is painted as above described.

No previous preparation of any kind is undertaken—no bath, no scrubbing, and no shaving.

In fifty-one cases of varied operations the results were perfect.



The Friends of the Patient

ANNIE E. HUTCHISON.

THE friends of the patient—to every nurse these words must bring to mind a host of different faces, and incidents many and varied, and will in all probability also serve to call up a variety of emotions as various people and events come up in review. She sees the white ambulance with its red cross stop before the hospital, the curious crowd that the sight of it always magically gathers, the slow, solemn entrance of the attendants bearing the stretcher with its moaning, blood-smeared occupant—and then the frenzied rush of people who have been driven madly up to the hospital door, the friends of the patient, coming perhaps to have their worst fears confirmed and, it may be, the sunshine blotted out of their lives from that hour. The friends of the patient—the nurse sees silent people with white, drawn faces waiting outside the operating room door; others weeping bitterly as they bend over beds in the wards; yet others bowed, hopeless, heartbroken, waiting for the end. Musing, the nurse sees all this and more of a like melancholy nature, but she also sees much of an entirely different character, for not all the friends who come to visit the sick have always reason to bring anxious faces and sad hearts. While with deep pity the nurse thinks of some of the friends of her patients it is with indifference or amusement that she remembers others; while with liking and gratitude she gladly recalls a number, with more or less vexation she is apt to remember not a few.

When the nurse first met the friends of

the patient in the wards of a large hospital it is probable that she was much too busy adjusting herself to her new environment and new duties to pay special attention to the visitors, but casually noticed them as people naturally anxious for the welfare of a loved relative or friend and unselfishly come with the intent of brightening the dreary days of sickness for the suffering ones whom circumstances had, it is true, temporarily removed from home and friends, but with great kindness placed where they could receive the more skillful ministrations of angelic hospital nurses. Doubtless she was too much occupied absorbing lessons on loyalty to physicians, unquestioning obedience to superiors and humble deference to all red tape routine, to take time to consider that the friends of the patient had any special claim upon her or any particular place of influence in her own life. She was busy, very, very busy with practice no less than theory, for there was, very probably, one sick woman who, besides the routine attention, demanded every moment of the time she could spare from the others, a querulous patient for whom, nevertheless, the new nurse was caring to the very best of her ability, doing all she possibly could to promote the recovery and enhance the comfort of one who seemed so unhappy. If she gave the matter any thought at all, she probably supposed that the friends of the patient would regard her with becoming gratitude, so that it was with a very distinct shock that she one day unexpectedly found herself called to the office to answer a

very grave charge, laid by friends of the patient, that the latter was suffering from—neglect or, maybe, cruelty, at the nurse's hands. Of course, it was not conscious guilt, but rather an overpowering sense of injustice that made the nurse gasp and turn from pale to red. In the first glow of astonishment and indignation she went back to her duties heartily wishing that she had never seen the interior of a hospital, or, at all events, that there were no such people in existence as the friends of patients. And it may have been that just as she was re-entering the ward she met one or two people coming out, who as friends of another patient she was now inclined to eye askance and pass quickly, but who insisted on stopping her and with grateful tears in their eyes poured out their heartfelt thanks for the unremitting care, kindness and devotion she had shown to their loved one. If she gasped again it was scarce to be wondered at, for the latter patient, as the nurse well knew, though she could not help it, had not infrequently been obliged to wait for attentions while others more critically ill or more impatient and insistent kept her attending to them. Thereafter, if the young nurse regarded ward visitors with more interest and more curiosity she was certain to be rewarded by the discovery that to her was vouchsafed an excellent opportunity for an exhaustive study of human nature in general, and in particular in its relation to sick friends and those caring for the same. That the patients show a warm appreciation of the visits of their friends is reason sufficient to prevent them being classed collectively as a nuisance, as is the temptation to do on occasion, and that the nurses sometimes or oftentimes find them a thorn in the flesh seems almost as good

reason why they may not be regarded as an unalloyed joy, not to mention the trifling fact that, individually, they are of course as different as human nature is different, and alike only in an interest in the sick, and by no means alike even in that as there are such varying degrees of interest. Numerous shining examples to the contrary, notwithstanding, some nurses in training gradually and unconsciously acquire a habit of regarding the friends of the patient very nearly as their natural enemies, or, let us say, as a class of people whose chief mission in life is to thwart the nurse's well-meant efforts to restore the patient to health. While few may be found to admit this feeling toward the friends of the patient there are equally few who have not grievances of some kind, for no matter how naturally sweet her disposition or placid her temper almost every nurse is doomed at some time or other to be moved to resentment by the discovery that the recovery of her patient has been imperilled or retarded by some seemingly insane action on the part of a zealous but ignorant friend, or by a knowledge of the gross injustice with which her own actions are viewed and misinterpreted. If a nurse have no other grievance against the friends of the patient, she at least heaves a few deep sighs as she thinks of the tremendous amount of trouble it would save her if they would but cease smuggling in eatables, or what they fondly regard as eatables, to the patients. Though well knowing, for she has surely heard it enough, that patience and vigilance are among the shining attributes of the ideal nurse, the average pupil nurse refuses to feel grateful to the patient's friends whose smuggling proclivities help to develop her patience, test her vigilance and sharpen her wits.

But, grateful or no, to the friends of the patient she owes it that she is taught and perfected in certain arts that the outsider dreams not of as being among the usual accomplishments of the trained nurse. It is but justice to the friends of the patient to acknowledge that it is owing to them that nurses soon acquire the happy faculty of discernment to a degree that enables them to tell just when a handkerchief held carelessly in the hand is *only* a handkerchief, and just when it is more than a handkerchief—a convenient and innocent looking receptacle for half a pound of candy or a ball of pink and white popcorn, for instance, or just when a muff, though a usual and obviously necessary article of wear, is really free of guile, and when, on the other hand, it is guilty of disguising a paper bag full of peanuts. It is owing to an extensive acquaintance with the friends of the patient that the nurse is qualified to instantly detect the difference between a book, a genuine printed paper volume wrapped up in paper, and a flat box, containing pickled cucumbers, beautifully done up with paper and string to resemble a book. And but for the friends of the patient a nurse might never have her natural gift of perception cultivated until it requires but one careless glance to decide whether the bulge in a visitor's pocket is caused by a parcel of mince pie or by an innocent non-eatable deposited there for convenient carriage; and never otherwise would she learn to detect a guilty look in a seemingly most sweetly innocent little basket of white grapes and rightly conclude that underneath the grapes in hiding lie two criminal doughnuts and a piece of depraved fruit cake. Moreover, do not nurses sooner or later acquire the ability to judge correctly as

to whether or no the dearly prized "news-paper from home" is scandalously using its pages of local correspondence to conceal two thick slices of fried ham; and what nurse of fair experience has to look twice before she knows that the pair of tightly rolled up clean socks for Willie's use when he is able to get up shamelessly harbors a delicious green apple or a nice black banana? And what could more effectually sharpen a nurse's wits than to find herself compelled to return a polite, carefully worded, non-committal answer to forty different inquiries forty times a day. So well are some nurses trained that the answer must necessarily be ambiguous and non-committal if it be but a reply to a remark concerning the weather.

And the friends of the patient, what of their grievances against the hospital in general or the nurse in particular? Of course, *their* grievances are but fancied ones, let us hope. But, also let us consider for a moment. For instance, there are the sorely stricken or greatly alarmed ones who follow the ambulance. Are they invariably treated as considerately as they ought to be, as we would like to be if in their places? Is it always wholly imagination on their part when the relatives, wild with anxiety, wavering between hope and dread, think that they find themselves in the presence of cold-eyed strangers who look disapprovingly upon their agitation and say in effect if not in actual words, "These accidents happen every day—what are you making such a fuss for? See how calm *we* are." When the circumstances justify it let the word of kindly hope and cheer never be omitted; not even if we *are* "awfully busy"; no, not even if the shaken friends look at us as if we had lassoed the patient, contrived the accident and

dragged the wounded one to the hospital to give us an opportunity for experiment and practice. It not infrequently happens that the victim of accident is hurried to the nearest hospital without the sanction or knowledge of his relatives, and if they chance to be people who have a prejudice against hospitals and hospital nurses, we must not expect them to look delighted at the unsought opportunity for making our acquaintance. Of course, *we* know that they are foolish to hold such prejudices; but, having been deprived of our opportunities, they fail to see, as we do, the absurdity of their opinions. And during the long days and weeks of extreme anxiety when the life of a loved one hangs in the balance, when perhaps the future support and comfort of a whole family depends upon that life, it is surely not a matter of great wonder if the treatment is sometimes criticised, if suggestions are occasionally offered and if the friends regard with some disfavor an extremely professional young woman who meets every remark with an expression of cold disapproval or a calmly superior smile. A superior smile may be a convenient refuge at times, but it is not to be relied on as the very best method of meeting every conversational emergency. A friendly, sympathetic interest need not mean indiscreet chatter, and there can always be a nice distinction between it and too great familiarity.

When we ourselves become the friends of the patient while strangers care for those who are near and dear to us, we view the situation from a different standpoint and see it in a new light, and afterwards, we are likely to be more tolerant of the questions that bombard us, and though they may not be such as we can follow, more kindly disposed towards

the anxious suggestions offered us from the friends of the patient.

Admitting that the friends are sometimes selfish, many times ignorant regarding the best methods to be employed with the patient, and occasionally so shockingly impolite as to regard us with suspicion, yet the really tactful nurse either in the hospital or out of it (especially out of it where there are no prejudices against the institution to combat), need rarely or never have actual friction in her dealings with them. When the nurse feels that she is fully trustworthy and honestly anxious to do all in her power to promote the patient's recovery, it is not pleasant to discover that some one considers it a solemn duty to keep watch lest she shirk the work for which they are employing her, but genuine devotion to the interests of the patient accompanied by tactful speech, or it may be tactful silence, will generally work wonders in bringing the most obstinate friends of the patient to share our unprejudiced views regarding our own virtues. It frequently happens that the nurse first meets the friends of the patient when they are passing through a furnace of affliction that seems more than they can bear; and in their abstraction, due to the intense anxiety, other matters are forgotten and with them the interests of the nurse, and this with people who under ordinary circumstances would not be selfish or inconsiderate. This is one of the trying conditions met with in private nursing and one so natural and common that every private nurse should be prepared to meet it with forbearance and that wonder-working quality which every nurse should strive to possess, tact. And, certainly, the antagonistic or selfish ones are in the minority, as, fortunately, are also the

well meaning but indiscreet ones who spoil our laborious efforts to cheer a depressed patient by remarks akin to that which the writer recollects having overheard a too, too candid lady remark to her sick and very despondent daughter: "Oh, Mary, but you look powerful bad; you must be worse. I'm thinking you'll never get over it!" (Mary did get over it, but this frankly expressed opinion does not rank among the aids to recovery).

In conclusion, it may be said that while

every nurse acknowledges that the interests of the patient must always be her first and chief consideration, it is not so clear that all recognize the fact that the friends of the patient have also some real claim to their consideration. The kindly nurse can do much to soothe the anxiety, dispel the gloom and renew the lost courage of those who under the burden of another's illness are down in the depths of despair and consequently see everything as through a glass, darkly.

Pennsylvania.

The regular monthly meeting of the Alumnae Association of the State Hospital Training School for Nurses was held at the State Hospital, Thursday, February 10, 1910. Meeting called to order by president at 3.45. Roll call showed nine members present. Minutes of January meeting were read and approved. Treasurer's report read and accepted. Miss Tighe was elected chairman of sick committee and Miss Herman chairman of entertainment committee.

The subject of the annual banquet was then discussed. It was moved and carried that banquet be held at Hotel Jermyn, March 15, 1910; that invitations be extended to Miss Ebersole, superintendent of nurses of State Hospital, and to Class of 1910.

Committee on arrangements, Miss Tighe and Mrs. Coppinger. Reception committee, Misses Saul, Vandervort, Graham, Bruce, Quinn and Herman. Secretary was authorized to have cards announcing banquet printed and sent to all members of association. Also to communicate with members of Class of 1909 who have not as yet joined the association, and urge them to do so before banquet. Receipts of meeting, \$12. There being no further business meeting adjourned to meet March 10, 1910.

The commencement exercises of the Training School of the Woman's Southern Homeopathic Hospital were held in the Memorial Building of the First Presbyterian Church,

Seventh and Spruce streets, Philadelphia, Pa., on the evening of February 10, 1910. The church was beautifully decorated with palms, cut flowers and the school colors, dark blue and gold.

The exercises were opened by a prayer by the pastor of the church, Rev. Edward Yates Hill, D. D. Addresses were delivered by Dr. Ida Virginia Reel and Dr. Nathaniel F. Lane. The diplomas were presented by Dr. Mary Branson, president of the hospital.

The graduates were Lucy Anna Bartlett, Moorestown, N. J.; Mary Rankin Black, Philadelphia, Pa.; Sophia Charlotte Cockran, Baltimore, Md., and Bertha Gertrude Kindler, Lykens, Pa.

At the close of the commencement exercises a reception was held at the hospital, 724 Spruce street.

Miss Rhodes, who has been quite ill for the past two weeks, was able to graduate with her class. She left the hospital a few days after the commencement for her home, where she will take a long-needed rest. The best wishes of her many friends and classmates go with her.

The Alumnae Association entertained the class on February 11, 1910, at a dinner and theatre party.

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New York.

A meeting of Camp Roosevelt, Spanish-American War Nurses, will be held at Miss A. Charlton's, 596 Lexington avenue, on March 3, 3 to 5 P. M.

The Diet Kitchen

Dietetic Breads, Cakes and Puddings

ROSE R. GROSVENOR.

THE preparation of farinaceous food in the form of bread, cakes and puddings, suitable for use in special dietetics is at once the most difficult and the most important part of the culinary art with which the nurse has to contend.

Difficult because their preparation requires time and patience and attention in order that they may be well made, wholesome and digestible, thus bringing extra responsibility upon the nurse and making her duties more trying. It is important because of all foods none are so necessary for the building up of flesh and strength during many forms of chronic illness, or in the convalescent stage following certain acute diseases, when the patient is allowed solid food.

Only in a few of our large cities where cooking for the sick is made a business can such foods be purchased; then again in many homes there is no one who can be intrusted to perform the work satisfactorily, consequently the knowledge of how to make and bake these viands becomes a necessity to the private nurse, the visiting nurse and the superintendent or matron of an institution who has the management of a diet kitchen. Therefore, the well tested recipes given below have been contributed with a view of aiding any who may be inexperienced. They will be found valuable for use in the dietetic treatment of diabetes, dyspepsia, gastritis, chronic constipation, rheumatism, etc.

To be successful in their use there are several practical points to remember in the preparation of these foods, especially those pertaining to bread baking, i. e., the use of good, fresh materials, accurate measurements, thorough mixing and careful baking.

The pans must be greased more thoroughly for graham, oatmeal, cornmeal and rye bread than for that made from fine flour. Graham and oatmeal bread bake more slowly than fine flour bread, and corn bread requires more time and a hotter oven than either, while rye is said, to absorb more moisture from the air than other grain; hence bread from this meal needs a longer application of heat. Gems and muffins are best when the batter is poured into hot, well greased pans or rings and baked in a hot oven 15 to 25 minutes. Wafers, crackers and cookies, which are usually rolled very thin, need 10 to 20 minutes baking. Cereal puddings require about 1 hour when baked, and from 2 to 3 hours when steamed or boiled.

Last, but not least, the fire should be steady, and the oven hot, when any of these foods are put in, but not so hot that the crusts will form too rapidly, or the food become scorched before the proper amount of rising takes place. By adhering to these particular items there should be no failure in producing good bread or cakes.

GRAHAM BREAD.

Five cups of graham flour, five table-spoons of sugar, two of salt and hot water enough to make a stiff batter; let cool and add one yeast cake or cupful of soft yeast; let rise one hour, then mix as stiff as you can with a spoon; put into greased tins, and when light, bake slowly forty-five minutes to one hour. This makes two loaves.

OATMEAL BREAD.

Stir into two cups of cooked oatmeal, after being cooled, one-half cup of molasses, one small cake of compressed yeast dissolved in one-half cup of lukewarm water, one heaping teaspoonful of salt, two of sugar; add flour enough to knead into a soft dough. Set aside in warm place to rise for four hours. Divide into two loaves, let rise one hour longer, then bake for one hour.

WHOLE WHEAT BREAD.

Take four cupfuls of whole wheat flour, two cupfuls white flour, one-half cupful sugar, one teaspoonful salt, one yeast cake, dissolved in enough warm water to make a stiff batter. Let rise until light, mould into two loaves, let rise again and bake in a moderate oven.

CORN BREAD.

One-half pint cornmeal, one-half pint flour, one-half teaspoonful soda, same of salt, two tablespoonfuls sugar; sift all together and add one-half pint sour milk and large tablespoonful of butter and one beaten egg. Beat all together thoroughly and bake in well greased pan.

GLUTEN-BRAN BREAD.

One-half cupful bran, three cups gluten flour, two cups water, one-half teaspoonful of salt; add the salt to flour, mix with the water into a stiff dough and knead thoroughly; let rise in pan to twice its size, knead again, form into one large

or two small loaves and let it rise in bake-pan, when light, bake 45 minutes.

GRAHAM GEMS.

Mix one pint graham flour with half milk and half water, add a little salt, beat well, making the batter thin enough to pour; have the gem-pans very hot and well greased, fill quickly and bake in a hot oven about 35 minutes. Practice will teach just the proper consistency of the batter and the temperature of the oven.

BRAN MUFFINS.

Take two cups bran, one cup of white flour, one cup good molasses, one cup sweet milk, one teaspoonful soda. Mix the flour, add the milk, beat well. Add soda to the molasses and that to the batter; add pinch of salt; bake in well greased hot muffin-rings or gem-pans 35 minutes.

OATMEAL COOKIES.

One cupful of butter, one and one-half cupfuls of sugar, two eggs, one-half cupful sour milk and one scant teaspoonful of soda dissolved in it, two cupfuls of fine rolled oats and two cupfuls of flour, one-half cupful raisins or cocoanut (if allowed), one-half teaspoonful flavoring. Drop from spoon into a buttered pan and bake in a moderate oven.

OATMEAL PIE CRUST.

Wet one pint fine oatmeal with one gill water, work with a spoon until it may be lifted in a mass, then place on board covered with dry oatmeal and roll out like any crust, but not quite so thin. It bakes quickly, so that care must be exercised to keep it from scorching while cooking the contents of the pie. It is suited only for one-crust pies and is more wholesome than a shortened crust for those having weak digestive powers.

PLAIN CAKE.

Cream, one teaspoonful butter; add

one well-beaten egg, one-half cup milk and one-half teaspoonful sweetina. Sift one-half cup gluten flour with one-half teaspoonful baking powder, and add gradually to the other ingredients. Add little extract or spices as flavoring and bake in moderate hot oven, after beating five minutes.

CRACKED WHEAT PUDDING.

To one quart of new milk add one-third cup cracked wheat, same of sugar, a little salt and small bit of stick cinnamon. Place in granite pudding pan and bake in a moderate oven two hours. When half done stir in the crust formed and it will form another sufficiently brown, when done the wheat will be soft

the pudding creamy. This can be eaten hot or cold, served with cream.

OATMEAL BLANC-MANGE.

A delicious dessert is made by stirring two heaping tablespoons of oatmeal into a little cold water, then stirring into a quart of hot milk, let cook five minutes in double boiler, pour into cups or molds to cool, and serve with sweetened cream or mild jelly.

GRAHAM PUDDING.

Moisten one and one-half cups of graham flour with enough water to make a thick, smooth batter. Stir this batter into one quart of boiling water, place in a double boiler or pail, set in water. Cover and cook two hours. Serve hot with sugar and cream.

Miscellaneous Recipes

GLUTEN POP-OVERS.

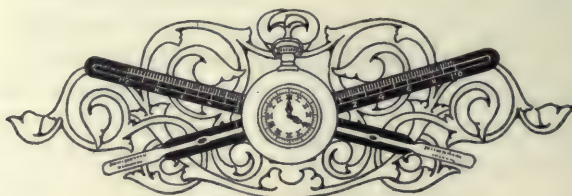
Beat one egg until very light, add one cup of sweet milk, one-half saltspoon of salt and one cup of gluten flour, which has been twice sifted; beat very light; do not stir. Have gem pans very hot and well greased. Pour in the mixture, filling them two-thirds full, and bake in a quick oven. The success of these pop-overs lies in beating the batter well and having the pans very hot before putting in the mixture. This rule may also be used for white or whole wheat pop-overs.

BRAN BREAD.

Mix together one-half cup of bran, three cups of gluten flour and one teaspoon of salt; moisten with two cups of water. Mix to a stiff dough and knead thoroughly. Let rise and bake the same as gluten bread.

BRAN BISCUIT.

Sift one-half cup of bran, one-half cup of gluten flour, one teaspoon of baking powder and one saltspoon of salt; rub in one teaspoon of melted butter, add milk enough to make a soft dough. Roll out and bake in a hot oven.



Editorially Speaking

The Eight Hour Day

FOR some years the eight hour day has been advocated as the ideal for pupil nurses—indeed, for all who labor. Theoretically it seems very desirable, but practically, if one may judge from the testimony of nurses who have had experience with the so-called eight hour system, it does not seem so very desirable. In every line of work the system must be adapted to the design of the promoters or to the needs of the case, and each work has trials and compensations of its own. There are few gains acquired without some losses, and in many cases the losses that come with the eight hour system more than balance the gains. We know of hospitals where the eight hour system is used, and where the eight hours is cut into three or four sections, and drags along from seven in the morning till nine at night. The nurse gets an hour off now, another hour again, two hours at another time, but though she is not working, she cannot use the fragments of time off duty to good advantage. Sunday brings no additional rest. There is no weekly afternoon off duty to look forward to regularly, and the much desired eight hour day has not proved to be the ideal it might appear.

A writer in the *Australasian Nurses' Journal* recently discussed the subject, "Is the eight hour system for hospital nurses a success?" Among other things it was stated:

"In New Zealand, where all the Public Hospitals are under Government control, the eight

hour system has in many of them been the rule for some time. It is, therefore, interesting to hear that there is a growing feeling among the Nurses of the Canterbury District, N. Z., that the system is not good for them nor their hospitals. At a recent meeting of the Canterbury Trained Nurses' Association there was a warm discussion on the subject, which ended in the majority of those present being in favor of abolishing the eight hour system for Nurses."

We desire to call the attention of nurses to this clause in the recommendations adopted by the American Hospital Association at its recent convention—an important step which is evidence of a growing desire on the part of hospital people to make the best possible arrangements regarding working hours.

The recommendation is as follows: "That pupil nurses should not be called upon to give more than sixty-three hours per week to their work, including class hours and exclusive of time off duty. Emergency work out of hours, or overtime work, should be repaid pupils as soon as possible." Allowing for an average of three formal class hours away from the work for each nurse each week of the school year, we have sixty working hours, or about eight and a half hours of regular duty. This is about what a large number of hospitals have aimed to give while operating on a so-called twelve hour system. They plan for two hours off duty daily when there are no classes, one hour when there are classes, and one hour off for meals; an afternoon off duty each week and from four to six hours on Sunday—an arrangement which to most people seems

much more nearly ideal in everything but the name than the so-called eight hour system.

We have two or three suggestions to make in connection with this important recommendation. We respectfully suggest that all hospitals that have adopted or expect to adopt the American Hospital Association's recommendation regarding the nine hour day cease making the blunder of calling their system a *twelve hour system* and call it what it really is—a *nine hour system*. Also we would suggest that in their announcements of their training schools, it be stated that the nine hour system (as recommended by the American Hospital Association) has been adopted as a part of the working programme of the school. We would also suggest that alumnae associations, which are exercised over the question of working hours in the hospitals from which the members have graduated, and who desire to improve conditions—that they call the attention of hospital authorities to the recommendation quoted, and respectfully request that their school fall into line with the leading hospitals of the country in this respect. The American Hospital Association is working at its own problems. It is studying its own field as no other country in the world is. It is advancing just as rapidly as it can in view of its important responsibilities. Nurses who are really anxious to improve conditions in their Alma Mater will be wise to spend some time studying the reports that association makes each year regarding its various departments, including training schools, and work in harmony with the recommendations of that association. The recommendations of that influential body will carry more weight

with hospital authorities than any recommendation any private individual might make, or that any medical or nursing association might make. We feel that nurses in general will rejoice that the hospital people have gone on record as advocating the arrangement quoted of a nine hour day.

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The High School Requirement

LETTERS still continue to come to us from superintendents of training schools telling us of the hardships caused by the high school requirement. One superintendent in New York writes:

"We have had some desirable applicants who have not been students in a high school, but whom I have not accepted as probationers because I understand that if we accept these women we will be posted as not living up to the requirements of the Board of Regents, yet some of those in the school at present time who have had the year in high school are not showing themselves as able as those who have had less schooling but a good practical home training. I want to accept some of the (according to the Regents) undesirables, but who would in my opinion be very desirable. In fact, if I do not accept some of them, I do not know how I will get the nursing done in this hospital."

The woman from whose letter we quote is one of the fine, capable women of the profession, one perfectly able to judge of the fitness of a candidate, and it certainly seems hard that such a woman should be hampered in her work by this requirement.

An investigation as to the scarcity of nurses has been taking place in Philadelphia, and the Philadelphia Public Ledger comments on it as follows:

"The educational qualifications required of young women who enter the field of nursing are believed to be in a large measure responsible for the decrease in the number of nurses during the last five years. Investigation at a

number of hospitals and institutions showed that during the last five years there has been a decrease of at least 10 per cent in the number of applicants to the hospital training schools.

"Superintendent Edwards, of the Hahnemann Hospital, said that many hospitals at the present time require that applicants for the training schools shall have a high school education, and expressed the belief that this was responsible for the decrease in the number of applicants.

"While a good education is very essential to such a calling,' he said, 'yet I have often found young women who proved to be excellent nurses who only had an ordinary grammar school education. It is unfortunate in a way that such high educational exactions are made, for it keeps out of the work many young women who would undoubtedly make very good nurses.'"

Those who cling to the high school requirement claim that the average superintendent of a training school for nurses is not to be trusted with the selection of pupils. That her anxiety to have the sick cared for, and other matters connected with her official position, often render her incapable of an unbiased judgment.

All of our readers remember the recent very frank statements of Miss Esther V. Hasson, superintendent of the Navy Nurse Corps, on this subject. But Miss Hasson is not alone in her convictions. Very recently we put this question to a nurse well known to our readers who has been hospital and nurse superintendent: "Do you believe that the

average superintendent can be trusted to make her selection of pupil nurses wisely without hampering her with State law requirements?" And the answer came: "*I know she cannot.*" Then the reasons above stated were given.

We are very anxious to get a general expression of opinion from the training school superintendents of the country on this question and we most cordially invite a full and free discussion of the subject. In the Letter Box department of this number will be found a communication from one who evidently believes that the superintendent is able to be trusted with the selection of candidates. Let us hear from others.

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The Nurse's Food

ANOTHER question of vital importance, and one open for discussion, is that of the nurse's food, in the training school. Last month our Letter Box contained a letter in which a nurse complained most bitterly of the food served at the hospital in which she was training. This month we find another letter confirming the views set forth in the previous one. The letters are from entirely different sections of the country. Do the experiences of these two correspondents represent what might be called exceptions, or is it true that hospitals generally give poor food, indifferently served to the pupils in training? Let us hear from nurses.



In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS.

Preparation for Institutional Work

The very great demand for institutional training, or training for institutional work, which has existed for years and which has been practically and forcibly demonstrated to an embarrassing extent by the scores of applications which have been made for the courses given at Massachusetts General Hospital, Boston, and Grace Hospital, Detroit, is going to increase rather than diminish. For some years a few hospitals have been trying to do a little in a rather selfish way in training head nurses from among their own graduates to meet their own needs. Pennsylvania Hospital, Philadelphia, has very quietly been developing a post-graduate course of this kind, which has helped to keep the institution well manned and has furnished trained, experienced workers to quite a number of other hospitals later. Concerning this course, the following information has been furnished us:

"The training for graduate nurses at the Pennsylvania Hospital is combined with the functions of head nurse and assistant to the superintendent of nurses. The nurses are selected from graduates of our own school and have been given a two years' course of training, consisting of six months' medical work, six months' surgical, six months' office duty and second and third assistant to the superintendent of nurses, three months in the housekeeping department and three months in the operating room. While on medical and surgical duty and in the operating room, the nurses serve as head nurses, and the service rotates in such a manner as to give them experience in all departments. They are paid head nurse's wages during the entire time.

"At the end of the two years an occasional one stays on in the hospital service in some of the permanent positions, but a great many of them find positions in other institutions. During the past year the operating room has been taken out of this routine, as frequent

change in the operating room was not very satisfactory."

For four or five years the City Hospital at Worcester, Mass., has also been quietly endeavoring to develop a course of training in institutional work. We understand that this course, also, has been restricted to its own graduates thus far. Concerning this course the last report of the hospital states: "To candidates possessing the proper qualifications we have been offering for the past four years a six months' post-graduate course in the executive departments. It was hoped that in this way we might arouse more enthusiasm for institutional work and obtain more competent hospital assistants. Our nurses have evinced very little interest in the course. The average graduate nurse, earning from \$21 to \$25 a week, evidently does not feel that she can afford to spend six months in studying institutional work. Accordingly, we have decided to shorten our course to three months. In it will be included, as in the past, work in the housekeeping department as assistant to the matron; in the nursing department as assistant to the superintendent of nurses, and in the administrative offices, where opportunity will be afforded to study methods and to come in contact with the public."

It is to be regretted that the Worcester City Hospital authorities have found it necessary to shorten the course, for six months seems the least time that should be required for such training. It is to be regretted also that greater publicity was not given to this course in executive work, inasmuch as hundreds of nurses have been for years wanting just such a course. The fact that Grace Hospital, Detroit, had almost a hundred applicants for its course in its first six months, while its class in executive work is limited to six or eight, shows clearly that there are a great many nurses who very decidedly do want institu-

tional work and training, and to whom the possible but uncertain \$21 or \$25 a week in private nursing is no special inducement. There is no question, either, about institutional positions being available when such a course has been taken, and we earnestly hope that Worcester City Hospital may reconsider its determination to shorten the course and that it will give experienced graduates of other schools a chance to get its executive training. Worcester City Hospital has for years had a most enviable reputation for the excellence of its management, and it is such hospitals we would like to see undertaking this executive training.

It is hoped also that this coming year some of the hospitals in New York and Chicago may decide to offer such a course. Experience has shown that the course can be given with nominal cost to both hospital and nurse. The students in executive work gladly pay for their rooms outside the hospital, and their assistance to the different officers of the vari-

ous departments offsets any cost to the hospital in developing the course.

The students who have taken the course in Grace Hospital are enthusiastic over the advantages such a practical course has afforded them. It is rather noteworthy and regrettable that New York nurses have had to leave the metropolis and go West to Detroit to secure practical training in executive work. We hope this condition will not long continue. Two superintendents of large New York hospitals have told us they are seriously considering this matter and it is hoped their plans have materialized sufficiently to be put into operation this coming year. Details of the Course in Hospital Economics and Institutional Nursing as given in the Hospitals alluded to are contained in *THE TRAINED NURSE* for November, 1908, and January, 1909. The writer will be glad to be informed of other institutions which are intending to offer a course in executive work this coming year.

Buttermilk for Babies.

To the Editor of The Trained Nurse:

How our great grandmothers would have laughed at the idea of feeding a baby buttermilk; many of our nurses of to-day have not had the experience. In July of the past Summer I had the good fortune to be called by a prominent physician on a case of sapremia. The mother had been cared for by a "woman that is handy in such cases."

Of course it became necessary to deprive the baby of its natural source of nourishment, and as it was the first "little feather from the wings of love dropped into the lap" of the wife of six years I felt very anxious that it should not suffer by its loss. A fresh cow was bought, stabled and fed on dry feed.

In deference to the wishes of the parents the doctor prescribed a sweet milk diet.

At this time the baby was two weeks old, weighed six and one-half pounds.

The sweet milk, diluted, did not agree with it, the addition of sugar of milk only made matters worse; it lost in weight.

It was not a time for experiments. I received orders to give a buttermilk diet, which the doctor knew from personal ex-

perience to be best, several drachms of diluted fresh buttermilk with a pinch of sugar, every two hours during day, every four at night.

The baby grew, made muscle, was unusually bright, but gained very little in weight and no flesh. A little cream was added; it caused constipation; the use of sugar of milk instead of common sugar caused diarrhoea. The quiet was soon broken by its cry of hunger.

It was again given the buttermilk and sugar until intestinal disturbances were over, then a little cream added each day, giving oil or enema whenever necessary to keep bowels free.

When nine weeks of age he was taking per day

Buttermilk	3 xx.
Cream	3 ii.
Sugar	grs. xxiv.

weighed twelve pounds, and was as fat and healthy a baby as one could wish to see.

The mother after much douching and dosing regained her former health and greater happiness in the company of her little son.

EMMA KONOLD.

The Hospital Review

Hospitals and City Life.

"Hospitals are now important centres of education. They are places in which many medical men meet on common and friendly terms. In this way a steady process of education is going on through the interchange of views on diseases of all sorts. Every hospital in the country should have in connection with it a medical society for the discussion of diseases and the reading of papers. There should also be a reference library in each hospital for the use of the staff and the physicians of the locality. This is one of the ways by which our hospitals may do a vast amount of good work," says the Canada Lancet.

"Then, again, hospitals are places for the education of the public. Patients and their friends who visit these institutions imbibe much useful knowledge which they carry away with them, and which must influence their future on sanitary matters and the care of the sick. This aspect of the work of the hospitals throughout the country is having a widespread effect for good. The many instructions given to patients and their friends on the care of the sick, the treatment of wounds, the prevention of disease, and the spread of infection, are carried far beyond the confines of the hospital walls."

"There is another way in which hospitals are doing a great work. There is continuously passing through these institutions class after class of trained nurses who, after leaving the hospitals, carry their knowledge with them wherever they go. No matter where they may reside nor what their future station in life may be, they must ever remain educated women on matters of health. Their light and influence is shed around them in their own homes, in the homes of their friends, or in the sick-room."

"But hospitals do more. They are great industries conducted for the purpose of making people well, prolonging life, and relieving suffering. A hospital is the union of science, art, business skill, and charity. It is in these

features of their work that hospitals appeal to the imagination of all classes. The poor come to them because of the help they may receive, the middle classes because of the help they may render through their benefactions, and the medical profession because of the altruistic spirit that governs it in all good works. It is thus that hospital work seems to bring out the best that is in human nature. Those who take part in hospital work develop adaptability, resource in emergencies, and the power to give moral, spiritual and physical help to those in need. It is right that they should receive the support of those in the world outside."

"In an address on hospital work, Dr. S. Weir Mitchell, of Philadelphia, spoke thus: "The public knows little the wonderful mechanism of the hospital of to-day. Here is art justified by science. Here are care, tenderness, consultations, case histories as exact as skill and laboratory work can make them. Here above all has civilization brought the poor up to the level of the rich. The millionaire's case is no better studied, no better treated, nor could it be." Such an appreciation of the work of hospitals from such a person as Dr. Weir Mitchell must go to the hearts of the wealthy, indeed, often has done so, as witness many great and generous gifts. Municipalities and the public as a whole are learning the same lesson."

"In every locality where a hospital is located there should be a hospital Sunday. From the pulpits once a year, at least, the claims of these institutions should be held aloft. The work of the nurses and the medical staffs should receive due attention, and the ever-returning need for material aid in the caring for the sick who can pay little or nothing for their own support. If even only a few persons would agree to contribute something regularly, the aggregate would be very considerable. But doing good is contagious, and the example of such persons would be followed by others. Remember the words of Dr. George M. Gould: "Our duty is to cure and

prevent disease by any right means in our power."

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Rhode Island Hospital.

The report for 1909 of the Rhode Island Hospital, Providence, is a volume of 160 pages with numerous illustrations. It is replete with illuminating facts about the institution and its many sided work, the scope of which is constantly expanding. Among the more recent expansion features may be noted the Tuberculosis Day Camp in the hospital grounds, the Crawford Allen Memorial Hos-

pital by the seashore, the instruction of children by the latter institution and co-operation with the District Nursing Association.

medical staff and the Board of Managers believing such precaution advisable. Arrangements have been made with the new City Hospital for Contagious Diseases and with the Lying-in Hospital, whereby the nurses in training may spend a few weeks at each institution and thus broaden their experience.

A Social Service Department, similar to that of Massachusetts General and Bellevue Hospitals, is contemplated.

During the year 6,169 patients were admitted for treatment. The largest number present on



LITTLE PATIENTS, "ALLEN HOSPITAL."

An extension of the work of the Rhode Island Hospital.

pital by the seashore, the instruction of children by the latter institution and co-operation with the District Nursing Association.

A new office has been created on the medical staff—that of assistant anesthetists—four of the younger surgeons having been appointed for this purpose. Since the opening of the new operating rooms many operations can and do go on at the same time. The assistant anesthetists are expected to supervise the administration of anesthetics, the

any day was 386, the smallest number 279. The average stay of patients was 18 days. The daily per capita cost was \$1.60. In the out-patient building 10,875 new patients were treated. One hundred and forty-two persons were refused treatment because, in the judgment of the examining agent, they were able to pay a physician to treat them.

During the year the large addition to the nurses' house was completed. This building provides ninety-five separate sleeping rooms

for nurses, each room being of an average size of ten by eleven feet, with a clothes closet adjoining. There are the usual sewing rooms, sitting rooms, library and a classroom. The classroom leads off the main hallway and is a one-story building, 56x32 feet. By means of sliding vertical partitions it can be divided into five class rooms or can be thrown into one room for recreation or lecture purposes. A small stage with a dressing room on either side makes it an ideal place for purposes of amusement. The building is joined to the old Nurses' Home. In the basement is a special laundry for the nurses for the convenience of those who wish to do certain parts of their own personal washing.

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Notes and News.

Luther Hospital, Eau Claire, Wisconsin, has been given recently a donation of \$30,000 by the late Sigvald Qualé, of Eau Claire. It is proposed to build a west wing to be called the Sigvald Quale Memorial.

Funds amounting to \$35,000 have been pledged for the building of the proposed Jewish Sanitarium in Des Moines, Iowa, the work to begin as soon as Spring weather will permit. The sanitarium will be strictly modern and absolutely fire-proof. There will be thirty-four rooms, and prominent Jewish citizens will yearly pledge sufficient money to maintain it after completion late the coming Summer.

A proposition has been made to consolidate the Hale Hospital and the City Hospital of Haverhill, Mass. There are numerous legal points involved, but it is believed that a merger of the two would eliminate duplicate effort and expense which is now going on.

Massillon, Ohio, is to have a fine new hospital, the gift of J. F. Pocock.

The proposal to establish a "preventorium" for children who are predisposed to tuberculosis, at Lakewood, N. J., is being vigorously opposed by property owners in that region. A legal battle seems inevitable.

Cook County Hospital, Chicago, is likely to become a city rather than a county institution,

a proposal to that end having been made. There is need for much greater provision for the care of contagious disease patients. Many scarlet fever patients at the present time are unable to obtain admission. Most of these are able to bear the cost of care and are not properly subjects for a hospital for indigent patients. It is considered wasteful to have two governmental agencies doing the same kind of work, and some changes in management are likely to be made which will provide the increased facilities needed and prevent duplication of effort and burdens on taxpayers.

The Southwestern Presbyterian Sanatorium has been established at Albuquerque, New Mexico, to care for the victims of tuberculosis who go in large numbers to that region in search of health. The plan is to establish tent cottages, costing about \$250 each. If an endowment of \$100,000 is secured a rate of \$5 a week can be made. A beginning of the work was made more than a year ago and results are most gratifying. Rev. Hugh A. Cooper is chairman of the Board of Trustees.

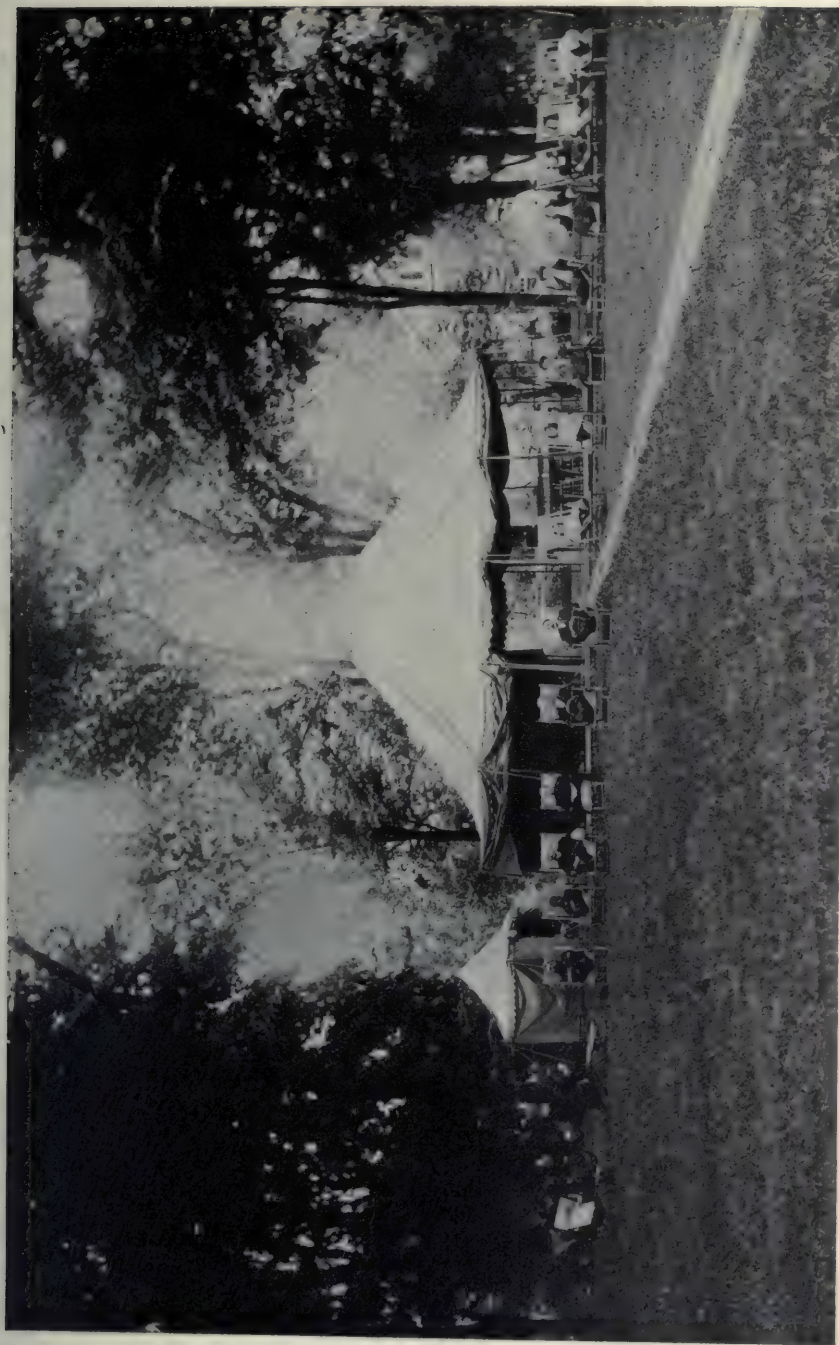
The St. John's Hospital Association of Wausau, Wisconsin, has decided to establish a nurses' home and children's dispensary. A house will be fitted up as a home and registry for nurses, all nurses within fifty miles to be asked to register. In connection therewith a dispensary and clinic for children will be maintained. Rev. W. Everett Johnson, of St. John's Episcopal Church, is the prime mover in the enterprise.

The Goshen (Ind.) Hospital Association has been incorporated to establish and operate a hospital in Goshen.

The State Hospital for Insane at Waterbury, Vt., had a \$20,000 fire recently. There were 105 patients in the burning building, but none were injured.

A site has been donated for a Methodist Hospital at Billings, Montana.

A magnificent new wing, costing about \$200,000, has been added to Mercy Hospital at Iowa City. The institution is affiliated with the University of Iowa.



RED CROSS DAY CAMP FOR TUBERCULOSIS PATIENTS IN THE GROUNDS OF RHODE ISLAND HOSPITAL.

George D. Barnard, who gave \$100,000 for the erection of a model home for the St. Louis Skin and Cancer Hospital, which is now in course of erection at the northeast corner of Washington and Theresa avenues, has added \$65,000 to his gift, with a view of making the new hospital building and its equipment the best of its kind in the world. Every representative institution in this country and abroad has been visited by the architects and the medical staff for the purpose of incorporating into this model hospital structure the latest and most successful plans and

for cancer research and the new institution will provide opportunity for comparing clinical experience and laboratory findings side by side.

Glasgow, Kentucky, is to have a new hospital. It will be managed by the King's Daughters Society.

Dr. Henry D. Chadwick has been appointed superintendent of the new State Tuberculosis Sanatorium at Westfield, Mass. He was formerly manager of a similar institution in Vermont.



IN THE SUNSHINE, "ALLEN HOSPITAL."

An extension of the work of Rhode Island Hospital. See page 175.

methods of hospital construction. Besides adopting the best features of institutions now in existence, they have devised new methods of construction where the old ones proved unsatisfactory, and no expense has been spared to make the new institution and its equipment the best that can be devised. The new building is progressing rapidly and will be completed by May 1, 1910. Professor Leo Loeb has been appointed director of the laboratories. A sum of money has been appropriated

The amusement building of the Watertown, Wisconsin, State Hospital for Insane has been destroyed by fire.

Miss Rose Geiger, of Philadelphia, who was the head nurse in the tuberculosis pavilion of the Orange Memorial Hospital, has been appointed superintendent of the Hope Farm Sanitarium, an institution conducted near Wilmington by the Anti-Tuberculosis Society of Delaware.

Book Reviews

Vital Economy, or How to Conserve Your Strength. By John H. Clarke, M.D., London, England. Price 50 cents. For sale by Lakeside Publishing Company.

Any observing person will have noticed that the average American wastes an enormous amount of energy, but while the observer may be able to suggest a little saving here and there, few people have gone into the matter deeply, seriously or scientifically, with the purpose of giving us a real book on the subject.

Dr. Clarke's work is, therefore, somewhat novel and very interesting. It is a clear and unpretentious work, telling in a practical way how people who have only a small amount of energy can conserve it and then use it to the best advantage.

Its ten chapters are as follows: *Vital Economy*; *The Bath*, *Fresh Air*, *Exercise*, *Stimulants*, *Tea*, *Coffee*, *Extravagance of Worry*, *Visiting the Sick*, and an *Appendix*, one of the most interesting chapters in the book, containing, as it does, the opinions of such men as Sandow, Lieutenant Shackleton and other interesting people.

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Materia Medica for Nurses, with an Epitome of Official Drugs, Preparations and Chemicals, giving their Medical Uses and Doses, and Questions for Self-Examination. By John E. Groff, Ph. G., Apothecary in the Rhode Island Hospital; Professor of *Materia Medica* in the Rhode Island College of Pharmacy. Fifth revised edition, with an Appendix on Solutions. Rearranged by Lucy C. Ayers, Superintendent of Nurses' Training School, Rhode Island Hospital. Sections on Therapeutics rewritten by Herman C. Pitts, M.D., Gynecological Surgeon, Rhode Island Hospital. Price \$1.25. For sale by Lakeside Publishing Company.

There is no need of reviewing this book. A mere mention of a new edition is practically sufficient. In the first place the fact that a fifth edition is necessary when the

fourth appeared only about eighteen months ago, speaks for the value of the work, while the names of its author and his assistants show not only the ability of those who have had this work in charge, but their strong desire, as well, to bring the work up to date in every possible way.

One of the principal additions is the table of solutions, intended particularly for graduate nurses on duty as an aid in informing themselves regarding solutions and their strength. As we have said of the four previous editions, we highly recommend this work.

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The American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, M.D., editor "The American Illustrated Medical Dictionary." Sixth revised edition. 32 mo. of 598 pages. Flexible morocco, gold edges, \$1.00 net; thumb indexed, \$1.25 net. For sale by Lakeside Publishing Company.

Dorland's Pocket Medical Dictionary is too well known to need a long review in these columns. Let it suffice to say that for over eleven years it has been one of the few standard dictionaries recommended for nurses by both physicians and superintendents.

The new edition is some twenty pages larger than the fifth edition and has the further advantage of being printed on a thinner and stronger paper, so that although it has twenty pages more it is thinner and weighs a trifle less. One of the principal features of this book is the sixty tables which will be found in it. We heartily endorse it.

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The Nurses' "Inquire Within." A Pocket Encyclopaedia of Diseases, their Symptoms, Nursing Treatment and much other valuable information, alphabetically arranged. By E. M. Clarke (C. O. M.), new edition, with additional information; sixth thousand. Price 75 cents. For sale by Lakeside Publishing Company.

This little book is so useful and valuable that we believe its sale to nurses in the

United States is as great as the sale in this country of all other English nursing works put together. At least this is the experience of the Lakeside Publishing Company.

The title comes from a work for the general public, very popular in England a few years ago, called "Inquire Within," a sort of one-volume encyclopaedia of a very useful character. Naturally, therefore, a little nurses' encyclopaedia might well be called The Nurses' "Inquire Within."

This is a small book, only about four by five and one-quarter inches and having only 182 pages, but every page is valuable. The new edition has been thoroughly revised.

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Treasures of Truth. By George F. Butler, author of "Love and Its Affinities," "The Isle of Content," "Sounds of the Heart," etc. Price 75 cents. Leather bound, \$1.00. For sale by the Lakeside Publishing Company.

Dr. George F. Butler is not only a writer on medical subjects, but has a growing reputation as an essayist, a poet and a writer of epigram. In this book he deals with a cheerful philosophy of life in a gentle and helpful way which is very ingratiating. It is practically a book of paragraphs, or perhaps one might say epigrammatic essays, among which are: "How to Live," "Some Thoughts on Work," "The Successful Life," "Worry and Trouble and How to Overcome Them." The book is pleasant reading for a quiet evening.

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Antipyrine Acetanilide and Phenacetin. Are They Harmful Remedies? Are They Habit-Forming Drugs? By Uriel S. Boone, Ph. G., M.D. Formerly Professor of Minor Surgery and Pharmacology and assistant to the Chair of Histology, Pathology and Bacteriology, College of Physicians and Surgeons, St. Louis. Price 25 cents.

This is a little paper-covered pamphlet frankly and openly written in defense of the cold tar products. The author states that there have been only thirty-one cases of untoward effect in twenty-five years in all the hospitals and sanitariums in the United States, and not one death. He also gives a list of over one thousand hospitals which answered a circular letter sent to them, in

which each states that no unfavorable results had ever occurred in that institution through the use of acetanilide, etc., and that no habit had ever been formed.

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We beg to acknowledge with grateful appreciation the following:

The Appropriation of Public Funds for the Partial Support of Voluntary Hospitals in the United States and Canada. By Dr. S. S. Goldwater, New York City.

An Appeal to the Boy. By William H. Peters, Providence, R. I. These pamphlets are for sale by the Archive Publishing Company of Providence; price 10 cents each, or \$5.00 per hundred. Any one interested in the crusade against the social evil should not fail to procure one or more of these pamphlets.

Operation for Ingrowing Toe-Nails. By Dr. John Edward Jennings; reprinted from the American Journal of Surgery.

The Importance of Early and Adequate Relief of Nasal Obstruction. By Dr. Claude G. Crane; reprinted from the International Journal of Surgery.

Notes from My Obstetric Practice. By Dr. A. Ross Matheson, Brooklyn, N. Y.; reprinted from Woman's Medical Journal.

The Spleen. By Dr. Edwin Howe Fiske; reprinted from American Medicine.

The Forty-Fifth Annual Report of the Trustees of the Boston City Hospital.

The "Annual Report" of the Passavant Hospital, Pittsburg, Pa.

The Seventh Annual Report of the Cobb Hospital, St. Paul, Minn.

The Twenty-Seventh Annual Report of the Northern Pacific Beneficial Association, St. Paul, Minn.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS.

Preliminary Education.

To the Editor of the Trained Nurse:

Permit me to say a few words in regard to the question of preliminary education for nurses. I fully agree with Miss Aikens that while we want women with higher education to take up nursing, it is absurd to assume that a woman with a high education turns out to be the best nurse. Any one who has had anything to do with the teaching of nurses or who has had charge of a hospital, and who wants to be fair, will bear me out in my statement that a woman with a good public school education and the other attributes which go to make a good nurse—common sense, good manners, good health—will make a far better nurse than a high school graduate lacking some of these qualifications.

I have been a silent observer of the progress of registration from its infancy. I am certainly for, not against it, but our leaders are over-reaching and making it too hard for the hospitals and the young women who would like to enter the profession. When I read the curriculum of some of our leading schools I have to smile, but it is a sad smile, for I see that we are fooling ourselves. We try to believe that nurses should know so much, whereas in reality we know that they do not need as much theory as we give them. In my last position, where I was for several years assistant superintendent and superintendent of nurses, I attended most of the lectures in the classes. This gave me a good idea of what we were giving our nurses, and I came to the conclusion that they were receiving too much theory. I found in the examination questions of the doctor who lectured on obstetrics the following: 1. Describe how to perform a pedalic version. 2. Describe how to perform symphysiotomy. I asked the doctor, Why do they need to know how to perform, and will they ever be called upon to do it? Surely not. Then why cram their tired heads? The trouble is we are trying to come nearer and nearer to the education of a medical student, and the sooner we find out

that this is a mistake the better it will be for both hospital and nurses.

I have been a nurse for fourteen years. Have spent nine years in hospital work, four years in private nursing; have also done some district nursing, and not once have I been called upon to diagnose a case or prescribe for one. I do not wish to be misunderstood. I am not against higher education; who can be? We want a good education for every one. If we had it a great many of our present social and economic evils would be eliminated. But I do insist that if we can not get the woman with a high school diploma to enter our training schools we should be free to select our candidates from the grammar school graduates if they possess the other qualifications.

ROSA A. SAFFEN.

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Nursing Problems.

To the Editor of the Trained Nurse:

You do not know how much I have enjoyed the articles by Miss Aikens in *THE TRAINED NURSE*. Texas is at this moment battling with the registration problem, with much uncertainty as to what the results of the new law are likely to be. I hope those in authority will soon see that it is foolish for nurses to antagonize the medical profession. The two cannot be separated, and if they but know it the physicians are our best friends. I hope to be living to see the day when the nursing world is in perfect harmony with mankind, as it certainly is not at present, whoever is at fault.

There is no doubt that the fixed fee has made a good deal of trouble for nurses. We should do away with the fixed rate unless we make it in this way—not to go below a fixed sum. If we could charge according to the case we could, with the doctors' help, nurse several cases for much less than we could others.

I have been a nurse for twenty years and I find that people of means demand twice the attention that a person of small means does, both cases being identical as to sickness. The rich person demands much more in every way

and ought to pay more. Of course any properly trained nurse will do all that is required for her patient whether rich or poor, but some people demand so much more than required that every moment of your time, night and day, might be taken up. They are not willing for you to rest even when you have done everything needful. Such people ought to be made to pay more. I think we ought to charge according to the patients' financial standing. We could tell the member of the family who inquires about rates that we will charge not less than a regular sum and perhaps more, according to the case and the care needed. It seems to me that would be just for both parties.

It is most unfair that the well qualified nurse must keep to the same terms and compete for work with the half-trained worker. I know a nurse who took a correspondence course. She took her training by mail, yet she charges the same rates as the other nurses of the town and she has all she can do. She did not have to bother about registration because she is willing to be useful in a house apart from caring for the patient and her patients like her.

While some of our sister trained nurses are jangling over registration and quarreling with the doctors, the untrained nurses are cultivating them and *getting the work*. Surely things must change before very long.

A TEXAS REGISTERED NURSE.

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The Nurses' Food.

To the Editor of The Trained Nurse:

I have been a subscriber and reader of *The Trained Nurse* for a number of years. As I am in sympathy with nurses on all questions of right I trust you will publish this letter when you have space. I endorse all good things brought to me every month by your journal and would not be without it for twice the price.

I certainly was glad to read in the February number the article from a nurse relative to the food question in the hospital. I am and have been for a number of years in a position to endorse all if not more than was contained in the article. It is a crying shame, but nevertheless true, that in the majority of hospitals nurses are poorly fed and badly accommodated as to sleeping and recreation rooms. As a rule the food is of inferior quality in the first place, and poorly served in the second place, and a monotonous bill of fare from one week to another. Who will not tire seeing the same food on the table three times a day and every day in the week? One primary mistake is the difference in the food served to the nurses and that served to the doctors and superintendents. Why should this be? Do not the nurses deserve the best? Do they not work as hard and are they not on duty as long as the others? I have always maintained that the food should be uniform and that provision should be made that hot meals should be served for the second as well as the first tables. I pray that some one high in authority would inquire into the food question and give the nurses what they work for and deserve—good, substantial food, well served and plenty of it. I have heard so many times the trite saying, "Anything is good enough for the nurses," that I am tired of it and hope I may read something on this question from others. ONE WHO KNOWS.

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Dr. Phelps' Article.

To the Editor of The Trained Nurse:

I want to tell you how I have enjoyed the February number, especially the first article by Dr. R. M. Phelps. I think it is the best and sanest solution of registration I have seen yet. I cannot understand why we should ignore the physician's opinion of what constitutes a good nurse. We work for the physician, not the physician for us. M. I. B.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

Changes in the U. S. A. Nurse Corps

Since January 1, 1910.

APPOINTMENTS.

Katharine W. Cassin, graduate of the Hospital of the Protestant Episcopal Church, Philadelphia, 1906;

Estella M. De Turk, of the Pottsville Hospital Training School, Pottsville, Pa., 1908;

Mary E. Hunt, of St. Joseph's Hospital, Providence, R. I., 1903;

E. Marie McGinty, Bryn Mawr Hospital, Bryn Mawr, Pa., 1909.

Elsie Neff, of the Princeton Sanitarium, Princeton, Indiana, 1909, and ten months in the Deaconess Hospital, Evansville, Indiana.

All of the above named nurses have been assigned to duty at the Army General Hospital, San Francisco, California.

DISCHARGES.

Anna C. Carpenter, Annie A. Daly, Mary C. Jorgensen and Edith May Shaw, from the Army General Hospital, Presidio of San Francisco, California.

Rosa May Kerr, from Fort Bayard, New Mexico, and Mary Zimerle, from the Division Hospital, Manila, P. I.

TRANSFERS.

The following named nurses have been transferred from Fort Bayard to Army General Hospital, San Francisco: Louise C. Boldt, Elizabeth Kurzdorfer and Margaret T. Wahls. From San Francisco to Fort Bayard: Emma Haefner, Alma C. Hanson, Agnes F. James and Josephine Riedy. From San Francisco to Philippines Division on January 5th, Transport: Orpha A. Hopper and Mary V. MacVan. Gertrude H. Lustig relieved from temporary duty at Camp Jossman and assigned to duty at the Division Hospital, Manila, P. I. Carrie Bechtle relieved from duty as chief nurse at Zamboanga and assigned to the Division Hospital, Manila. Frances Nowinsky has been

temporarily assigned as acting chief nurse at the Military Hospital, Zamboanga, P. I.

JANE A. DELANO,
Superintendent Army Nurse Corps.

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Red Cross Nurse.

The Red Cross cannot fail to be greatly pleased by the following announcement:

Miss Jane A. Delano, of New York, has been appointed superintendent of the Army Nurse Corps. Miss Delano was formerly superintendent of nurses at the Bellevue Hospital in New York, and is president of the National Association of Nurses. It is probable that an attempt will be made at the next session of Congress to enlarge and organize the Army Nurse Corps.

Miss Delano has long been deeply interested in the Red Cross and has been for some time a member of the New York State Branch Committee on Nurses. She will be appointed a member of the Red Cross War Relief Board and be made the chairman of its Subcommittee on Nurses. By this arrangement the whole system of the Regular Army Nursing Corps and Red Cross Nursing Corps will be placed under one head, so that in case of war the plans for Red Cross nursing assistance will fall into complete accord with the demands of the Army Medical Service. Miss Delano will, therefore, be not only fully advised as to the regular nursing strength of the Army Corps, but will know exactly the status of the voluntary aid of the Red Cross Nursing Corps.

At the annual meeting of the Federation of Nurses, held last June at Minneapolis, a resolution was passed that the Alumnae Association of Trained Nurses of the United States affiliate with the Red Cross according to the plan outlined by the War Relief Board. This plan provides for a Subcommittee on Nurses of the War Relief Board, the committee of fifteen to consist of a chairman, who is to be

a trained nurse, two other trained nurses, an army surgeon and a navy surgeon, and one other person, all members of the War Relief Board; six trained nurses selected from a list submitted by the Nurses' Alumnae Association, and three other persons, all to be appointed by the chairman of the War Relief Board.—*The American Red Cross Bulletin*.

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American National Red Cross, Members of Central Committee, Nursing Service.

From War Relief Board:

Mrs. Whitelaw Reid, 451 Madison avenue, New York, N. Y.

Mrs. Isabelle Hampton Robb, The Haddam, Cleveland, Ohio.

Miss Mabel T. Boardman, Room 341, War Department, Washington, D. C.

Miss Jane A. Delano, office of the Surgeon-General, War Department, Washington, D. C.

Miss Georgina Nevins, Garfield Hospital, Washington, D. C.

Major Charles Lynch, U. S. Army, War Department, Washington, D. C.

Surgeon D. L. Boll, U. S. Navy, Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

Mrs. William K. Draper, 121 East Thirty-sixth street, New York, N. Y.

Dr. Welch, Johns Hopkins Hospital, Baltimore, Maryland.

Nurses' Associated Alumnae:

Miss Sophia F. Palmer, 247 Brunswick street, Rochester, N. Y.

Miss Emma M. Nichols, Boston City Hospital, Boston, Mass.

Miss Linna G. Richardson, "The Richardson," Fourteenth and Market streets, Portland, Oregon.

Miss Anna C. Maxwell, Presbyterian Hospital, New York City.

Mrs. F. Tice, 103 State street, Chicago, Ill.

Miss Margaret A. Pepoon, 4440 Maryland street, San Diego, Cal.

Mrs. Harriet Camp Lounsbury, 1119 Lee street, Charleston, West Va.

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Massachusetts.

The tenth semi-annual meeting of the New England Association for the Education of Nurses was held at the Twentieth Century Club, Boston, December 10, 1909. The meeting

was called to order by the president, Dr. Lewis F. Palmer, at 8 o'clock. The minutes of the fifth annual meeting were read by the secretary and approved by the president.

DR. PALMER: Is there any other business before we proceed to the literary part of the evening? If not I would like to say just a few words. I think I may say that this association was formed with the very best of intentions and with splendid ideas; it was to standardize and unify the different training schools in New England. The regrettable feature to me has been that we have been able to get hold of so few, relatively, of the New England training schools. I don't despair, however. I think we can get hold of them, and it is my very earnest and sincere wish that, before the next Spring meeting, if we can have the assistance of the members—and I think I can count on it—we shall get representatives from a large number of the training schools in New England together for the purpose of conferring on the course of study and on anything that will tend to the uplift and betterment of the training schools in our States.

The work for which we were formed in a local way has been very splendidly taken up by the American Hospital Association through a sub-committee that had for its object investigation of the training schools. The subject of our meeting to-night is the consideration of its report, and later I shall call on some who have been very active in its work to tell what was done. That report has been printed, and is the property of anybody who will send to Dr. Babcock, of Grace Hospital, Detroit, the secretary of that association. It is very full and complete, a fine piece of work, and must of necessity do a great deal of good. There are some features of training school work that have appealed to me, and I have studied over them a great deal, and one is the lack of adaptation of the supply and the need.

Registration has to do with those who have taken the time and the expense and the hard study to fit themselves for competent nurses; they are asking all the way from \$15 and \$18 to \$25 or \$30 a week. That is all right. Nobody criticises it. They are worth it. The great difficulty and misfortune is that there are so few of the really needy who are able to pay that amount of money for the care. It has been estimated that only 10 per cent. of the people who are sick and needy are able to pay

these prices. If that be true, then there remains 90 per cent. of the needy to be provided for in some way.

I hope one of the things that can be accomplished by this association is to see that something is done toward meeting the need of the other 90 per cent.

Registration is here; it has come to stay. The only question that is debatable is in what form registration shall be done. I have seen it stated that in New York only three out of one hundred graduates took advantage of the State registration and applied for permission to be registered as nurses. If this be true, it shows a tremendous lack in the filling of a need. If out of the whole number only three in one hundred care to be registered, there is something lacking in the system of registration or in the thought embodied in it. What it is I will not attempt to say. I presume it is the same with nurses as with physicians; they become self-centered and busy, and they don't see any object in getting together and forming an organization, and so they simply stay out of it. But I think the time is coming, and is not very far distant, when those who go out doing nursing, and especially those doing maternity work, must be registered and an oversight must be maintained over them by the State authorities.

It seems to me that one of the needs of the present time is that we may have a national league of some kind whose object shall be to provide care for the sick. Now, the sick include not only the 10 per cent. who are able to hire trained nurses, but the other 90 per cent. not now provided for. I think a little can be done along that line in the development of the idea that has recently been studied and put forth, and practiced to a limited degree by the "Mutual Helpers." We have just established in Framingham a branch of the so-called Mutual Helpers in connection with our District Nursing Association, by which we hope to supply a sick family with nursing to help tide over the emergency of need when the machinery of the family is out of order from the loss of some important member of the family. We have not done enough with it yet so that I feel like making any report on it, any more than we are trying it tentatively, and I hope later I can give you some points as to how it works out. It seems to me a perfectly

practicable thing, easily done, and which will do a great deal of good; it will simply bring together families that need help and those who are willing to give the help, either from the love of the work or the pay, and may be a mutual benefit to both parties.

I bespeak your cordial co-operation with the Executive Committee and the officers in an effort at our Spring meeting to see if we can get at least a majority of the training schools of New England to send a representative to us to help to consider some of these questions.

I will not take more of your time. I will now ask, as the first speaker of the evening, Miss Anderson, who was present at the American Hospital Association meeting in Washington last Fall, and ask her to tell us something about the discussion of this Training School report.

MISS ANDERSON: I was at the American Hospital Association, where this report was discussed. Dr. Babcock presented the report to the association, and stated that his committee had sought information from leading physicians, surgeons, nurses and training school committees, and from every other available source, bearing upon the curriculum and length of course of training of nurses. The work laid out for the committee also included the question of providing nurses' helpers or attendants. Dr. Babcock stated that they had done very little on that question, but that they had a great deal of material that had come in rather too late to use. They had heard from guilds for the care of the sick and Young Women's Christian Associations and various other societies that were taking up that work, and a sub-committee was appointed to go into that matter further. The committee found that in order to get at the matter intelligently various hospitals would have to be classified. A distinction must be made between the isolated small hospitals, the small hospitals near to or in affiliation with large general hospitals, special hospitals, including eye and ear, skin and cancer, children's and infants', lying-in, tuberculosis and orthopedic hospitals and the large general hospitals. In the discussion of the report a number took exception to the plan of admitting pupils twice a year. It was thought, especially by those superintendents who were in charge of hospitals having a two years' course, that it would

work out very much to the detriment of the hospital and injury of the patients, because it would mean that their senior nurses would drop out one at a time, and would leave only junior nurses to assume serious responsibility. The committee's recommendation that the pupil's probation period should be not less than three months was discussed, some members thinking that three months should be spent in preparation before entering the ranks, but others took exception to this, believing that the probationer should come in contact with the patient to really do the practical work, saying that the probation period was as much for the benefit of the nurse, in order that she might decide whether she wanted to go on, as it was for the hospital to decide whether that nurse was fitted to go on.

The subject that caused the committee the most trouble and brought out the greatest amount of discussion was the part of the report referring to the small hospital. It was the feeling of everybody that the committee had dealt very fairly with this, but there were some of those interested in small hospitals who felt that the report bore rather hard on them. It was suggested that small hospitals of twenty-five beds that were not located near large general hospitals and could not affiliate with other hospitals ought not to have a training school. One woman, evidently in charge of a small hospital in the West, spoke of the great need of her hospital, which was only typical of many others in that community, and that it would be impossible financially for them to maintain that hospital if they did not have pupil nurses. Dr. Emerson, of Clifton Springs Sanatorium, New York, thought that nurses in a small hospital were often able to get a better education than nurses in a large hospital, especially if the large hospital were connected with a medical school. The "Jim Crow" hospital, as it is called, in the West, was referred to, where physicians had established for their own benefit small hospitals, with possibly a woman at the head who might or might not be a trained nurse, citing a hospital where there was one woman in charge and one pupil. The pupil was the Training School, receiving a diploma upon graduating.

The question of preliminary education, the necessity of high school education, etc., were handled very fairly, and no one took exception to the recommendation of the committee

that a year in high school or its equivalent be required. The "equivalent" was so broadly interpreted that it proved no hardship either to pupil or hospital. Dr. Babcock, in introducing the report, said that the following recommendation was passed by the committee and inadvertently omitted from the report: That the constitution and by-laws be amended to provide for a permanent committee on legislation, whose duty it will be to watch the interests of hospitals and training schools in the legislative field, and report annually at the association thereon.

DR. PALMER: We would like very much to hear from Dr. Washburn.

DR. WASHBURN: Mr. Chairman, I didn't come here with the intention of speaking on this report, but there is one point which may be of interest in relation to the recommendation of the committee: It is that which reads:

"It is the sense of the committee that hospitals of less than twenty-five beds, which cannot affiliate or maintain some association with larger institutions, on account of their isolation or financial condition, should not attempt to maintain training schools for the training of nurses."

I think it is evident why the committee put in that recommendation. From the point of view of the nurse, it is not fair that a training school should be maintained in such an institution. We did not believe it could properly give a nurse the necessary training or that she would deserve a diploma. We thought that such institutions should have graduate nurses, and that possible attendants could be trained there.

Considering the question of training attendants, as Miss Anderson says, the committee didn't get very far, but another committee has been appointed to investigate that question the ensuing year. I have the misfortune to be chairman, and I would like to say here that the committee will have its first meeting soon. There are those in this association who, I think, have special knowledge or good ideas on the training of attendants. May I ask if they will be good enough to give those ideas to the committee? Any one who can help or tell us upon whom we may call for ideas, or perhaps put us in touch with some work which is being done in New England in this line, would confer a favor. I should be glad to receive at any time communications in reference to this subject.

I will answer, as far as I can, any questions which are asked about this report. As I have been a member of the committee, perhaps I can interpret their ideas which may not be clearly expressed.

I haven't a copy of the question here, but, as I remember, it read: What can a training school do to lessen or prevent possible deficits? And, as I just told the chairman, I think it would have been much wiser to ask some woman who is actively employed in the wards of a hospital to answer that question, because she is dealing with these points day after day. I think of a few, and perhaps the chairman will call upon some superintendent of nurses or some head nurse to help out when I have finished, to make up for what I have forgotten.

Of course, one thing is economy, the prevention of waste. The nurses in wards can help the administration of the hospital in preventing a deficit. The linen is one of the important things—the use of the sheets, making them go as far as possible; the bed clothing—using it as long as possible with due regard to cleanliness and decency, of course, and not indiscriminately stripping beds at every opportunity in order to have them present beautiful appearance. The discarding of linen, if that should happen to be in the hands of the head nurse—in some hospitals it is and in some it is not—should be done most carefully. Many times the tendency is to discard and throw aside, when a little repairing would go a long way. Then to-day, darning machines make a great difference in the use of the linen, and make it last a great deal longer.

The serving of the food is most important. Do not serve in too large quantities and be ready to help the patient again. It is better that a small quantity should be given to the patient. It is much more appetizing than to place a dish piled up with food before him or her. This is especially true of butter, I think; a small piece of butter and the proper amount of bread, but be ready always to give more if desired. The patient will eat better and relish the food better, and it is a saving to the hospital. Anything once served on the patient's plate, of course, has to go into the garbage.

Notice the whims of patients. If a patient never drinks milk there is no need of giving that patient a glass of milk, and have it dis-

carded and thrown away. And all such little things as that.

Do not throw unused food into the garbage pail. The careless nurse and the careless ward maid empty the food that is left, if there is a small bit which has not been served, into the garbage pail. If the nurse is careful that can be returned to the kitchen if it has not been served on the plate, and used later.

Then, too the matter of dressings is most important. Use the inexpensive things rather than the expensive things. Use gauze instead of crepe de lisse. Frequently a small quantity of gauze or cotton is sufficient, where the careless nurse will put on large amounts. Unwind bandages; do not cut them. Bandages may be used again. Safety pins may be saved and used again. When drugs are ordered don't send to the drug store for a new supply without looking about and seeing that the drugs are not in sufficient quantity in the ward already. Stationery—the old bloters, the large blotters, can be cut down into pieces and used as small blotters, and blocks can be used for scribbling paper, instead of expensive stationery. Those are the things which occur to me offhand. I don't doubt I have taken up the little things and skipped the big ones.

(To be continued.)

The following committee has been appointed by the Board of Trustees of the Waltham Training School for Nurses to consider the increasing of the endowment fund of the training school: Mrs. Ronald Lyman, Mrs. Francis E. Bowker, Miss Ella Lyman, Miss Annie B. Melick and Dr. Alfred Worcester. The same committee is also to consider the question of exercises commemorating the twenty-fifth anniversary of the school, which occurs this year.

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Connecticut.

The regular quarterly meeting of the Graduate Nurses' Association of Connecticut was held at the Second Congregational Church, Waterbury, on Wednesday, February 2, 1910.

Meeting called to order 2:15 p. m. The business session was brief, consisting of the routine business and the appointment of Miss M. J. Wilkinson as delegate to the Associated Alumnae Convention.

The annual meeting and banquet will be held in Hartford, May 4.

Members attending the banquet will be assessed \$1.00 toward expenses.

The Waterbury nurses arranged and presented a very pleasing program of entertainment, music and recitations, being assisted by Mrs. Buchanan and Mrs. Spencer. Refreshments were served. Visits were made to the local hospitals.

There were thirteen members present at the regular monthly meeting of the Alumnae Association of the C. T. S., which was held at the nurses' dormitory, New Haven, February 3d. The minutes of previous meeting were read and accepted. Three new members were admitted; Miss Margaret M. Stack, 1909; Miss Helen Hubbard, 1908, to active membership, and Miss Monsua, superintendent of night nurses at the New Haven Hospital to passive membership. Miss Arline Wells, of Essex, was transferred from passive to active membership. In the absence of the treasurer, Miss Coonan, secretary, received the yearly dues. The meeting adjourned until March 3, at which time the officers will entertain. A large attendance is earnestly desired as business of importance is to come up.

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New York.

The regular meeting of the N. Y. County Nurses' Association was held at the Academy of Medicine, New York City, January 4. The meeting was called to order by the vice-president in the chair. Minutes of the previous meeting were read and approved. It was moved, seconded and carried that owing to the continued absence of the president, Miss Delano, the vice-president, Mrs. Taviss, be requested to act for the remainder of the term. The nominating committee was elected as follows: Miss Samuel, Miss Russell, Mrs. French, Mrs. Joslyn and Miss Burgess. It was moved and seconded that the recommendation of the special meeting that a central registry be established be approved. Carried.

Miss Pindell, chairman of the central registry committee, presented her report. A discussion followed, in which many members took part. The question of ways and means for the registry were discussed. On motion, the report of the committee on central reg-

istry was referred to the executive committee with power to act.

A regular meeting of the Public Health Section of the New York Academy of Medicine was held Tuesday evening, February 15, at the Academy Building, New York City. The subject of preventable blindness was discussed, and the following paper presented:

"Blindness and Its Prevention." Lantern illustrations. By Dr. F. Park Lewis, of the Committees on Prevention of Blindness of the American Medical Association and the New York Association for the Blind. Discussion by Rev. Dr. Lyman Abbott, editor of *Outlook*; Charles Stedman Bull, M. D., professor of ophthalmology, Cornell University Medical School; Edward B. Cragin, M. D., professor of gynecology and obstetrics, College of Physicians and Surgeons, Columbia University; Eugene H. Porter, M. D., Commissioner of Health of New York State; W. E. Studdiford, M. D., medical inspector, Department of Health of New York City.

The Sesun Club of New York City gave a reception on Friday, February 11, from 4 until 7 o'clock, at 420 West One Hundred and Sixteenth street. The patronesses were: Miss Maxwell, Mrs. C. E. Bath, Miss Jane M. Pindell, Miss E. M. Brown, Miss M. E. Hutchison, Mrs. C. W. Kinsella, Mrs. Nathaniel B. Potter, Mrs. H. Seymour Houghton, Mrs. Allen M. Thomas, Mrs. Charles N. Dowd, Mrs. John Hutton and Mrs. James Robert McKee.

The Brooklyn Hospital Training School Alumnae held its annual meeting at the training school, February 1, when the following officers were elected for the ensuing year: President, Miss M. L. Sweeny, R. N. (re-elected); first vice-president, Miss J. S. Buchanan, R. N.; second vice-president, Mrs. H. F. McChesney; recording secretary, Miss F. Dennie, R. N.; corresponding secretary, Miss Elizabeth Percy, R. N.; treasurer, Miss M. E. Holt, R. N. (re-elected), and director, Mrs. Edmond Kelly, R. N. (re-elected).

The annual banquet of the Nurses' Association of Buffalo was held Tuesday evening, February 8, at the Auditorium. The banquet was followed by dancing and cards.

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Pennsylvania.

Allegheny General Hospital Nurses' Alumnae Association held its January meeting at the Nurses' Home, No. 1209 Resaca Place. Miss Minnie Hepler, one of the members, gave a very instructive talk on the care and training of infants.

Miss Elizabeth Holmes and Miss Alberta Schwarz, both graduates of Allegheny General Hospital, have been appointed State tuberculosis nurses. Miss Holmes with headquarters at Pittsburg, and Miss Schwarz at Pottsville, Pa.

Miss Nellie Charleson, of St. Luke's Hospital, Ottawa, has resigned her position as a head nurse at Allegheny General Hospital, and goes to her home in Quebec for a much needed rest. Miss Isabel Perkins, a graduate of Allegheny General Hospital, is Miss Charleson's successor.

Miss Jennie Stewart Brown, of class of 1908, Allegheny General Hospital, was married December 30 to Dr. Charles W. Miller, at her home in Swissvale, Pa. Dr. and Mrs. Miller will make their home at Peoria, Ill

Miss Mary Chatham, who has been very ill for many weeks at Allegheny General Hospital, is slowly improving.

Miss Edith Merriman, one of the instructors of nurses at Allegheny General Hospital, and Miss Violet McCully, one of the head nurses, have been successfully operated upon for appendicitis.

The February meeting of the Allegheny General Hospital Alumnae Association was held February 9 at the residence of Mrs. George McClelland. Miss Holmes, one of the State tuberculosis nurses, gave a very interesting talk on her work.

At the regular meeting of the Alumnae Association of St. Mary's Hospital of Philadelphia, held January 28, it was decided to give an age party for the benefit of the alumnae.

A business meeting of the Alumnae Association of Adrian Hospital Nurses Punxsutawney, was held at the Adrian Hospital, Wednesday afternoon, January 19. The first

part of the meeting was devoted to the transaction of business, with good reports from all of the committees. An order for \$10 was drawn in favor of Miss Mary Weir, secretary of the State Association, for the Legislative fund to help make up the balance due on expenses of Miss Giles, who was an active worker for the registration law.

No new members were received. Luncheon was served to the senior nurses in training, with Miss Lunetta Miller, honorary member, Mrs. Herbert Gourley, Mrs. C. R. Stevenson, Misses Erie B. Smith, Roba Smith, Margaret Winter and Fannie London. Meeting adjourned to meet the first Wednesday in July, at DuBois

Marriages of the training school in 1909: Miss Margaret Farrar, of class '06, to Mr. Samuel Smith, of Mahaffy, Pa. Miss May Hall, of class '07, to Mr. Benjamin Harris, West End, Punxsutawney, Pa. Miss Nellie Jones, of class '09, to Mr. Chester Fugate, of DuBois, Pa. Miss Margaret McFarlane, of class '07, to Mr. William Carole, Jr., of Tyler, Pa. Miss Jane Kinter, of class '08, to Mr. Vernon S. Myers.

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District of Columbia.

The Nurses' Examining Board of the District of Columbia will hold examinations of applicants for registration May 4 and 5. Apply to Secretary Katherine Douglas, 320 East Capitol street for particulars.

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Virginia.

The tenth annual convention of the Graduate Nurses' Association of Virginia opened on the afternoon of January 25 at Murphy's Hotel, Richmond.

The association received a special invitation to be present at the lecture of Dr. Anna Shaw. A few went because they were suffragettes, others out of curiosity, while the majority was occupied with matters pertaining to the convention.

The meeting was called to order by Dr. William S. Gordon, and, after a prayer by Rev. H. D. C. MacLachlan, the visitors were welcomed by Mayor Richardson.

Miss Julia Mellichamp, of Norfolk, responded.

In the absence of Miss Ethel Smith, of Norfolk, president of the association, the meet-

SAPOLIO



Mary, Mary, quite contrary,
How does your housework go?
With greatest ease, sir, if you please,
I use Sapolio!

ing was presided over by Miss Ruth D. Robertson, of St. Luke's Hospital.

At the morning session of January 26, after the regular business, a paper on "Professional Responsibility" was read by Miss May Douthat, of Clifton Forge, and discussed by Miss Agnes Tompkins, of Petersburg. Miss Naomi Simmons, of Richmond, read a paper, "The Young Nurse in Private Work," which was discussed by Miss Marie Moseley, of Richmond.

From 4 to 6 o'clock in the afternoon the association was entertained at a tea given by the alumnae of St. Luke's Hospital, and from 8 to 11 o'clock at a reception given by the alumnae of the Virginia Hospital at the Elks' Home.

In the closing session the Association unanimously adopted resolutions identical with those of the Richmond Academy of Medicine and Surgery opposing the milk bill recently offered in the General Assembly by Delegate Throckmorton.

A committee consisting of Misses Naomi Simmons, Margaret Watkins and Elizabeth Webb was appointed to look into the present rates charged by nurses in different parts of the State, with the view of adopting a uniform rate.

A committee, of which Miss M. J. Minor is chairman, was appointed to consult with the Red Cross Society for the purpose of establishing a branch in this State.

President, Miss Ethel Smith, Norfolk; first vice-president, Miss Minnie Bumgardner, Staunton; second vice-president, Miss Frances Jones, Atlanta; third vice-president, Miss Mary Gletcher, Charlottesville; secretary, Miss Annie Gulley, Richmond; treasurer, Miss Julia Mellichamp, Norfolk.

The next convention will be held in Richmond in January, 1911, the exact date to be decided upon later. After the reading of scheduled papers the convention adjourned to the Memorial Hospital, where the members were the guests of the alumnae of that institution at a luncheon.

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Kentucky.

The following is the annual report of Miss L. A. Wilson, chairman of the governing committee of the Nurses' Central Directory of Louisville to the president and members of the Jefferson County Graduate Nurses' Club,

in which is set forth the work done by the directory during the past year:

Membership, 111; Total number of calls, 1,532; directory calls, 1,075; personal, 223; out of town, 241; practical nurses, 106; male, 20; non-members, 20; calls not filled, 25; information, 600; members resigned, 10; members married, 5; positions taken, 1; left city, 4.

PRACTICAL NURSES

Membership, 15; married, 1; resigned, 2; positions taken, 2.

The Alumnae Association of the John N. Norton Infirmary, Louisville, at the annual meeting, held on October 20, elected the following officers: President, Annie E. Rece; vice-presidents, Elizabeth S. Robertson; Katherine Dear; secretary, Emma Isaacs; treasurer, Anna E. Flynn.

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Iowa.

On January 27, Miss Harriet Fullmer, of Chicago, head of the Visiting Nurses' Association of that city, gave an address before a large audience of Dubuque's business men and club women urging an organization in that city. The address met with much favor, and at the close of the lecture an organization was perfected and officers elected. Besides the usual officers, three directors were appointed, representing different Church societies. Twelve hundred dollars will be raised as soon as possible toward securing two nurses to make a start in the work.

The annual meeting of the Registered Nurses' Association of Des Moines was held January 25, and the following officers were elected: President, Mrs. Bessie Donnahoe; vice-president, Miss Fay Lankelma; second vice-president, Miss Edna Snyder; secretary, Miss Esther Bunch; treasurer, Miss Estella Campbell; auditor, Miss E. Van Horn.

Miss Rose Konop, a graduate nurse of State Center, formerly connected with Englewood Hospital, sailed from San Francisco on February 5 on board the Cleveland with a large party of Iowa tourists for a trip around the world. The list of tourists includes several of Iowa's most prominent physicians with their wives, as well as several Senators and Congressmen and their wives and a number of noted clubwomen. So Miss Kanop is planning to spend a most delightful vacation.



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Texas.

The Harris County Medical Society held a very enjoyable joint meeting with the nurses on January 22. This was the regular weekly meeting, but, according to a resolution adopted at a recent meeting, the nurses were invited to participate in the discussion of the subject of nursing. About seventy were present, half the number being nurses. The following program was followed:

Dr. John T. Moore discussed the question of "The Duties of the Nurse to the Physician."

Mrs. E. Gannon, head nurse of the Norsworthy Hospital, and Dr. F. B. King discussed the duties of the nurse to the patient. This was most interestingly presented on both sides.

Miss Wilson, head operating room nurse at the Baptist Sanitarium, and Dr. S. C. Red discussed "The Relation of the Physician to the Nurse."

Miss Norman, of the Houston Settlement Home, and Dr. W G Priester discussed "The Course of Training for a Nurse"

These subjects were then opened for discussion.

The evening was enjoyed by all present, and, although some criticism was developed, the meeting fulfilled its purpose of getting the nurses and the physicians better acquainted with each other, aside from their professional relations.

**Missouri.**

Miss Mena Shipley, a member of the Kansas City Graduate Nurses' Association sends us the following interesting account of the Central Directory established under the direction of the association:

The Kansas City Graduate Nurses' Association established a central directory last July. From the beginning the directory has been self-supporting, and this in spite of the fact that we pay our registrar \$75 per month. Many doubted our ability to pay such a salary without assistance from the association. At the end of our first six months we have not only regularly paid the salary of our registrar, but have paid all bills for telephones, printing, etc., etc., and have a balance of \$38 in our treasury.

This does not mean the treasury of the association, for the finances of the directory and the association are kept entirely separate.

Both nurses and physicians unite in voting our central directory a success. The physicians have found it a great saving in time and patience.

The list of out of town calls is steadily growing.

Our central directory has had the hearty and loyal support of the superintendents of the various hospitals and training schools.

When the plans of establishing a central directory were discussed, it was voted by the nurses to make the directory fee sufficient to enable us to run the directory in the most efficient way possible. A fee of \$10 per year, payable semi-annually, was voted. It was also voted to devote any surplus over and above our running expenses to the establishing of a benefit fund for sick members. To be eligible for directory privileges a nurse must be a member of the Kansas City Graduate Nurses' Association. We have 222 members in our association and a directory list of 125. We have averaged 125 calls per month. Our central directory is run for the nurses and by the nurses of Kansas City. It is hoped our success may encourage those who hesitate.

**Nebraska.**

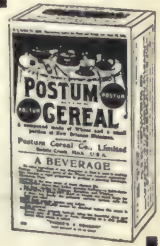
Cupid has been very busy among the graduate nurses of Dr. Bailey Sanatorium, Lincoln. In the last few months the following marriages have taken place: Miss Maude Engle to Mr. George Sitz; Miss Cecil Carpenter to Mr. Sovereign; Miss Angie Briggs to Mr. Jack Morrison; Miss Frances Reyner to Mr. Taylor; Miss May Richardson to Mr. Frank Purnell; Miss Bertha Evans, assistant superintendent of nurses, to Mr. Harry T. Jones; Mrs. Kitty Wilsey to Mr. Osbjorne Ansdale, both of the school; Miss Maud Swift to Mr. John Schwab, assistant superintendent of nurses; Miss Ernestine Stewart to Mr. L. Osmondson.

The marriage of Miss Pearl Arnold is announced for March 1 and several others for June.

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The idea of allowing patients a daily beverage which contains a well known drug—*caffeine*, in coffee and tea—is as unscientific from a therapeutic standpoint as it is unfair to the patients.

The two or more grains of *caffeine* in each cup of coffee certainly has much to do with unsatisfactory progress in many cases of nervous and circulatory disturbances.

Postum, made of clean, hard wheat and a small per cent of pure molasses, contains no coffee or other harmful substance.

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It is easy to prepare—the Nurse can make it as easily as coffee—but it should be boiled at least 15 minutes to get the fine flavor and full food value.

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The "Clinical Record" for physicians' bedside use, with name stamped in gold letters on cover, will be sent to any physician who has not already received a copy. Also prepaid sample box of postum and grape-nuts for clinical experiments.

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Montana.

The graduating exercises of the first class of nurses from St. John's Hospital, Helena, were held on the evening of January 27 at St. Helena Hall. Those who received diplomas were Miss Lydia Nyberg, Miss Ella Ralph, Miss Ida Emrich, Miss Minnie Smith, Miss Bertha Noerenberg and Miss Cora Sime.

The program was an interesting one, consisting of an address by Bishop J. P. Carroll, short talks by local physicians who have come in daily contact with the graduates at the hospital, a paper, "The Trained Nurse," by one of the graduates, Miss Minnie Smith, and a recitation by Miss Ida Emrich, and a number of musical numbers.

The salutatory, given by Miss Bertha Noerenberg, was delivered in an effective manner.

After the program the guests, with the nurses, enjoyed dancing for a few hours, when a banquet was served at the Bon Ton by the Sisters of St. John's to the graduates, chaperoned by Miss Harriet Hammond.

Mrs. Frank O. Black entertained about twenty of her friends very pleasantly on Wednesday evening, January 26, at her home on Fifth avenue in honor of the six graduate nurses of St. John's Training School, Helena. The evening was spent in cards and music, after which a luncheon was served. The house and table were decorated very tastefully for the occasion in gold and white, that being the graduates' colors. All departed at an early hour of the morning, expressing themselves as being royally entertained and regretting that such a delightful party should have to end.

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California.

By resolution of the aviation committee, Mr. Zeehandenaar presented Miss Anna A. Williamson, superintendent of nurses of the California Hospital, with a duplicate of the medal presented to the aviators. In presenting the medal, Mr. Zeehandenaar spoke enthusiastically of the efficient work done by Miss Williamson at the aviation station where fifty-four patients were treated. The medal is a beautiful piece of workmanship, with the inscription "Aviation Meet, Los Angeles, Cal., January 10-20, 1910." Miss Williamson has been a contributor to THE TRAINED NURSE for

a number of years and we are very delighted to hear of the honor conferred upon her.

The lectures of the Nurses' Auxiliary of the California branch, National Red Cross, of which Mrs. L. L. Dunbar, president of the Children's Hospital, is chairman, and Miss Frances S. Hershey, secretary, have continued uninterruptedly. Miss Katherine Brown, superintendent of nurses at the Children's Hospital, and Miss Killiam have been very active in this work, as well as Miss Eisel and Miss McCarthy. The lectures at the Heynemann overall and shirt factory, at the noon hour, have proven very interesting and profitable, both to lecturer and the class. They have found the work mutually enjoyable. This auxiliary has also undertaken a course of lectures at the request of the Young Women's Christian Association. Notices of these lectures have been posted in the retiring rooms of the large department stores. The branch is planning courses in home nursing and hygiene for the Chinese women of the city of San Francisco.

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Personal.

Mrs. Mary R. Moore, a graduate of '07 St. John's General Hospital, Pittsburg, a very successful nurse, has recently resigned her position as tuberculosis nurse for the city of Pittsburg to accept the parole office at the Western Penitentiary, also the assistant matronship. She is one of the brightest and most capable women in the profession, and one whose word carries conviction wherever she goes.

Miss Lila Frances Baggerly, graduate of the Louisville City Hospital Training School for Nurses, has been appointed superintendent of nurses at the Ellen Osborn Hospital, St. Louis, Mo.

John G. Bourke, R. N., graduate King's Park State Hospital, King's Park, N. Y., and post-graduate of Bellevue Hospital, has successfully passed the examination held October 1 for the Panama Canal service.

Miss Charlotte Mandeville Perry has resigned her position as superintendent of Faxon Hospital, Utica, N. Y., to take effect in March.

NO.

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OF
ANEMIA

2

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RUMFORD CHEMICAL WORKS, Providence, R. I.

Miss E. E. Cherryman, who has been superintendent at the Charlotte, N. C., Sanatorium since its formal opening about one year ago, has tendered her resignation as superintendent of the hospital, and will take a much-needed rest for some time before her further plans are decided upon. The resignation of Miss Cherryman was received with much regret by all connected with the hospital.

Miss Althea Barston, graduate of the Maine General Hospital, Portland, has taken up her residence in Helena, Mont., and will engage in private nursing.

Miss A. Holz, of Minneapolis, Minn., has located in Helena, Mont., and will engage in private nursing.

Rosina Nydegger, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa., has been engaged as masseuse by the Lakeside Sanatorium, Lake Geneva, Wis.

Miss Lunetta J. Miller, superintendent of nurses, Adrian Hospital, Punxsutawney, Pa., has been quite ill, suffering from an attack of lobar pneumonia. At this writing her condition is greatly improved, and we sincerely hope she will soon be able to resume her duties.

Eleanor Louise Phelan, a graduate nurse from the Physicians' and Surgeons' Hospital, Baltimore, Md., and also a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., has been engaged by the Neurological Institute for the Treatment of Nervous and Mental Diseases, New York City, in the department of hydro-therapy.

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Married.

On Friday evening, January 14, 1910, at the Baptist Church in Grinnell, Ia., occurred the marriage of Frank S. Coffee and Lucy M. Morgart. Mr. Coffee is one of Jasper County's substantial farmers and business men, and the owner of a fine farm southeast of Kellogg. His bride is a talented and popular young lady, a graduate of the Deaconess Hospital, Peoria, Ill. A host of friends will unite with us in extending congratulations and well wishes for their future happiness. Mr.

and Mrs. Coffee spent their honeymoon in Illinois.

At Scranton, Pa., February 2, Miss Sumya Molyneaux, former superintendent of the Pittston City Hospital, to Mr. Hayden Williams, of Wilkes-Barre.

At Frankfort, Ky., February 2, Miss Marie Larkin to Mr. C. J. Myers.

At Canon City, Colo., by the Rev. Mr. Hatchet, Miss Alice Mullin to Mr. Maurice Whitkind, both of Colorado Springs.

On December 20, 1909, Miss Mary Virginia Rosson, of Richmond, Va., to Mr. H. Marvin Surface, of Roanoke.

On January 25, Miss Clara Pugh, of Indianola, Ill., to Mr. Byron Frazier, of Hillsboro, Ind.

Resolutions.

The Monmouth Hospital Training School Alumnae Association learned with great sorrow of the death of Miss May Violet Marshall, a member of the class of 1907, which occurred February 7, 1910, at the home of her sister, in Portage, Wis. She was a patient sufferer for two years and would have been twenty-five years of age in May, 1910. She was singularly gifted with great force of character and true Christian principles, one who devoted her life to helping others.

The Alumnae Association of the Monmouth Hospital Training School adopted the following resolutions:

Whereas, God in His infinite wisdom has taken unto Himself, after much suffering, our beloved friend and sister,

Therefore, be it resolved, That we, her sisters in the profession, rejoice in her great gain, but regret our loss;

That we extend to her relatives and friends our deepest sympathy for them in their great affliction;

That a copy of these resolutions be sent to her bereaved family, placed on the minutes of the association and published in THE TRAINED NURSE.

GERTRUDE BEARD,

ELSIE JOHNSON,

Committee.

Monmouth, Ill., Feb. 15, 1910.

Clinical

DISEASES
OF THE
RESPIRATORY TRACT

usually disappear as the general bodily nutrition and vitality improve. This is why

GRAY'S GLYCERINE TONIC COMP.

accomplishes such surprising results in many a serious, intractable case of bronchitis or other respiratory disease, when other remedies fail completely. Its use stimulates the appetite, promotes digestion, increases assimilation, and raises the whole vital index. The benefits, therefore, are permanent—not transitory.

THE PURDUE FREDERICK CO.
298 Broadway, New York

Notes

Antithermoline



**Relieves
Local
Pain and
Inflammation**

(Apply Externally)

**TRIAL
PACKAGE
ON
REQUEST**

NOW SUPPLIED IN GLASS JARS
RETAIL PRICES

5 oz.	Glass Jars - \$.25	1 1/4 lb.	Glass Jars - \$1.00
11 "	" - .50	5 "	" - 2.25

G. W. CARNRICK CO.
42 SULLIVAN ST., New York City

When you write Advertisers, please mention THE TRAINED NURSE.

The following resolutions on the death of Miss Helen Lachowsky were adopted by the class of 1909, St. Vincent's Training School, Little Rock, Ark.:

Whereas, God in His omnipotence and infinite wisdom has taken from us His loving and dutiful child; and

Whereas, We, who labored with her in daily association grew to know her, and to know was to love, thus bowing to God's holy will and wisdom, yet deplore our loss of a loyal classmate and a cherished friendship; and

Whereas, She was never found wanting in loyalty to her alma mater and to us, her classmates,

Be It Resolved, That those of us who may, will be present at the final rites and accompany to its last resting place all that remains of our beloved classmate; and

Resolved, That our diplomas be draped in memory for thirty days; and be it further

Resolved, That a copy of these resolutions be spread upon the pages of our alumnae minutes, a copy sent her sorrowing family and a copy to the press of Little Rock and Conway, Ark.

ANNIE PLATKAWIZ,
EMILY SNYDER,
WINIFRED BUCHANAN,
CARRIE CRAIG,
PAULINE GRAMLING,
ADA WARREN,
MAYBELLE BUCHANAN.

Died, on January 22, 1910, at her home, No. 1841 North Fortieth Court, Chicago, Anna G. Morrissey, graduate of the West Side Hospital Training School for Nurses, class 1898, after an illness of one week.

Miss Morrissey was nursing her mother when she was taken ill with pneumonia. Every means known to medical science was used to save her life; doctors and nurses were in constant attendance day and night, but without avail.

The news of her death cast a shadow over the West Side and University Hospitals, and among the medical and nursing profession, where she was widely known. A friend to

every one, especially the poor and needy, her death will be felt for many a day.

The doctors of University Hospital and sister nurses will erect a monument in her honor.

At a special meeting of the Alumnae Association of the West Side Hospital Training School for Nurses the following resolutions were adopted:

Whereas, God in His infinite wisdom has taken unto Himself, after one week's illness, our beloved sister and president, therefore be it

Resolved, That this Alumnae Association has lost one of its brightest and most efficient members, one always interested in every good work, with ready smile and words of cheer and comfort. We feel that her life was an example of womanly courage and fidelity; and it can be truly said of her: "None knew her but to love her, none name her but to praise," and be it further

Resolved, That we express to her bereaved mother, sisters and relations our heartfelt sorrow in their bereavement; be it further

Resolved, That a copy of these resolutions be sent to the mother and sisters of our deceased sister, and to her cousins, Miss Kathleen Kelley, graduate of Mercy Hospital, and Miss Mollie Kelley, graduate of the West Side Hospital, placed on the minutes of this Alumnae Association, and published in the nursing magazines and *The New World*.

EDNA DAWES,
MILDRED WEST,
GERTRUDE FRANKE,

Committee on Resolutions.

+

Obituary.

It is with deep sorrow that we announce the death, on January 25, 1910, of Miss Margaret McKinnon, of Parrsboro, N. S., one of our most recent graduates, having received her diploma from Cushing Hospital only last June.

Miss McKinnon had been in good health until within a few days of her death, so that the news came as a great shock to her classmates and many friends, as few had any idea that she was ill.



Good Nurses and Careful Mothers

are particular about using no other but

MENNEN'S BORATED TALCUM TOILET POWDER

because it is freely recommended above all others by physicians everywhere. MENNEN'S is the safest and purest of Toilet Powders. It not only smooths the skin but soothes the skin, not only hides roughness and rawness but heals them.

Mennen's Borated Talcum Toilet Powder
Is as necessary for Mother's baby as for Baby's mother

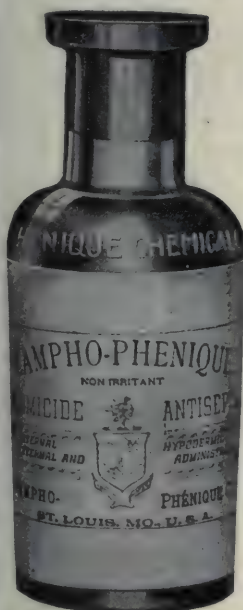
It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's. Sample Box for 2c. Stamp.

Gerhard Mennen Chemical Co., Newark, N. J.



CAMPHO-PHÉNIQUE

LIQUID AND POWDER



THE SUPERIOR
ANTISEPTIC

CAMPHO-PHÉNIQUE

LIQUID

Acknowledged
Premier in the
Field of Antiseptics
for Cases of Minor
and Major
Surgery

CAMPHO-PHÉNIQUE

POWDER

The Superior Dry
Dressing for Cuts,
Bruises, Burns,
Ulcers and all
Superficial
Wounds.

For samples and
Literature address
the

CAMPHO- PHÉNIQUE CO.

500 N. 2d St.,
ST. LOUIS, MO.

An ESKAY'S FOOD Boy

Eskay's Food was
substituted for mother's
milk when this husky
little fellow was two months old.

His picture tells the story.

*Test findings of ESKAY'S and
our book for mothers—'How to
Care for the Baby'—free*

SMITH, KLINE & FRENCH CO., 436 Arch St., Philadelphia

New Remedies and Appliances

Evans' Antiseptic Pastilles.

I think them excellent and they have done me a great deal of good.

SEYMOUR HICKS,
Aldwych Theatre, London, England.

+

Horlick's Malted Milk Bouillon.

Place in empty cup (medium size), Horlick's Malted Milk two teaspoonfuls, clam bouillon one ounce. Mix and rub to a smooth paste, into which slowly stir sufficient hot water to fill cup. Serve with salt and pepper.

+

Opium Habit.

Horsford's Acid Phosphate is a remedy of great value in the treatment of the opium habit, particularly in building up functional energy and brain force, and as a nutritive medicine it seems unequalled in recuperative power.

+

The Scientific Spirit.

The Scientific Spirit prevails in the manufacturing chemists' shops as never before. The Abbott Alkaloidal Company's physiologic and scientific laboratories are splendid examples. Quality is sought first, then quantity.

THE LANCET-CLINIC.

+

He Sells It Now.

Bar Harbor, Me., July 17, 1909.
OGDEN & SHIMER, Middletown, N. Y.

Dear Sirs—Will you please send me a 25c. jar of your Mystic Cream. I have used a sample box and liked it ever so much, but my druggist doesn't keep it.

MISS MARTHA M. ROBERTS.

+

Intestinal Atony.

A considerable proportion of all cases of intestinal indigestion can be traced to muscular insufficiency and deficient circulation in the submucous coats. Treatment directed toward increase of muscular activity is all important, and in conjunction with massage and other mechanical forms of tonic stimulation, Gray's Glycerine Tonic Comp. has given uniform satisfaction.

Merit of Nazeptic Wool.

The great merit claimed for "Nazeptic Wool" is that it affords a continuous application of its medicinal components to the affected parts, whereas the effects of a lotion, spray or inhaler are for the moment only. It possesses in addition, the advantage of being sanitary and economical. It is used but once and is then thrown away.

+

In Intestinal Diseases.

"Chionia stimulates the liver and has a tendency to restore its healthy action. It does not purge per se, but under its continued use the liver and intestines are encouraged to resume normal functioning. Therefore, it is a most efficient remedy in intestinal diseases resulting from a deranged condition of the liver."

+

The Mouth in Contagion.

The toilet of the mouth in contagious diseases must be rigorous. The liberal and frequent use of a saturated solution of boracic acid, or some of the mild antiseptic mouth washes, like Peroxidant, is recommended by the best physicians.

If you are not acquainted with Peroxidant, read the advertisement in this issue and send for samples and literature.

+

Dot Chocolate.

In "The Way of the Woods—A Manual for Sportsmen" Edward Breck, the author, says:

"Chocolate is now regarded as a very high-class food on account of its nutritive qualities. * * * A half cake will keep a man's strength up for a day without any other food. I never strike off from camp by myself without a piece of chocolate in my pocket. Do not, however, have anything to do with the mawkishly sweet chocolates of the candy shops or the imported milk chocolate, which are not suited for the purpose. We have something better here in America in Walter Baker & Co.'s 'Dot' brand, which is slightly sweetened."

INSTRUCTION IN MASSAGE

THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months Tuition Fee, \$75.00

Course in Electro-Therapy

Term: 2 Months Tuition Fee, \$25.00

Course in Hydro-Therapy in all its Forms

Term: 6 Weeks Tuition Fee, \$30.00

Second Section of Winter Classes opens MARCH 22nd, 1910

SPRING CLASSES OPEN MAY 17th, 1910

OVER 9000 TREATMENTS GIVEN IN 1909

No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Summer Classes open July 12th, 1910. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

INSTRUCTORS

WM. EGBERT ROBERTSON, M.D. (Professor of Medicine, Temple University).
HOWARD T. KARSNER, M.D. } (Instructors University
HOWARD A. SUTTON, M.D. } of Pennsylvania).
T. D. TAGGART, M.D. (Jefferson Med. College).
ELDRIDGE L. ELIASON, M.D. (Instr't'r Univ. of Penna.)
LOUIS H. A. VON COTZHAUSEN, Ph. G., M. D.
(Graduate Phila. College of Pharmacy, Med. Dept.
University of Penna., Penna. Orthopaedic Institute).
WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

MAX J. WALTER (Univ. of Penna., Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Philadelphia General Hospital (Blockley), Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc.)
HELENE BONDORFF (Gym. Ins., Stockholm, Sweden).
LILLIE H. MARSHALL } (Pennsylvania Orthopaedic
EDITH W. KNIGHT } Institute).
MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopaedic Institute).

Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Incorporated)

1711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

JOHNSON'S FOOT SOAP

Borax Iodine & Bran

ACTS LIKE MAGIC

40 Years the Standard of Efficiency.

Instantly Stops that everlasting Smarting, Aching and Foot Weariness. Dissolves Corns and Callouses. Soothes and removes Bunions and all Inflammations. Relieves and Prevents Excessive Perspiration. A triumph of medical skill. Worked out by William Johnson, graduate of the London Chemical Laboratory. One cake will demonstrate it. Buy a cake today and know what Foot Comfort means.

Large cake, 25c. All druggists. Samples free on request.

Money Back if Not Satisfied.

WILBUR A. WELCH, Sole Distributor, - 905N Flatiron Building, New York

Hansen's Lactic Acid Tablets.

Junket Buttermilk Tablets may be taken directly as a medicine, two or three tablets with each meal, chewing them with other food. The pure lactic acid bacteria make their way to the lower intestines, where they counteract the evil effect of putrefactive germs. The medium in which the bacteria in the tablets are preserved is sugar of milk, which is of course perfectly harmless.

+

Are You Aware?

Are you aware that the Nurses' and Physicians Supply Company, No. 78 State street, Chicago, Ill., manufacture as large and as fine a line of nurses' and surgical gowns as you can get anywhere? The prices are most reasonable, too. Do not be a skeptic. Help us in our effort to benefit you. Send for price list and circulars, free, stating your requirements.

+

Resinol Testimonials.

I have prescribed Resinol with excellent results, especially in eczema and all skin diseases with pruritus.

Biddeford, Me. H. REMY, M. D.

I find Resinol Ointment and Soap highly satisfactory for the purposes for which they are intended, and recommend them right and left.

W. H. HOPKINS,

Salt Lake City, Utah.

+

Unguentine.

A colored woman came to me with the most extensive tibial ulcer I have ever seen. While my treatment of such troubles as a rule has been very satisfactory, I concluded to try the unguentine ointment. I first cleansed the ulcer with hydrogen peroxide and then brushed it over with a 15 per cent solution of nitrate of silver, after which the ointment was applied, covered by a flannel bandage to the knee. This treatment was repeated every other day and in just three weeks the leg was well.

L. S. DOWNS, M. D.

+

Forewarned Is Forearmed.

Weak tissues are an easy prey to infective micro-organisms. By proper nutrition the system is enabled to defend itself against disease. No therapeutic agent builds up depraved tissues quite so well as Benger's Food, be-

cause it can be physiologically adapted to individual needs. It is a tonic, nutritive, reconstructive, palatable, and readily assimilated by the weakest digestive organs, and has become recognized by the medical profession as the most valued dietetic extant. 'It is retained when all other foods are rejected.'

+

The Consensus of Opinion.

It is the consensus of opinion among physicians who have employed Daniel's Passiflora that its value is unexcelled in hysteria, sleeplessness and kindred diseases. One practitioner reports that his patient had lost so much sleep that his condition bordered on insanity. Passiflora was used with the most beneficial results. A natural sleep was produced, the tension of the nervous system was relaxed and improvement began immediately. It is the true calmative agent because it leaves the system normal and healthful.

+

The Old Duroy Wines.

In 1864, M. Duroy established a wine cellar near Lakeside, Ohio, with the fixed determination to produce the finest wines possible.

The first purchasers told their friends, and the business grew because it was worthy, entirely on the merits of the goods.

The Duroy wines include many wines for medical purposes. In fact, a large part of the sales are made through the drug trade, and upon the recommendations of reputable physicians, who appreciate the superiority and absolute purity of these products.

+

Register for Nurses.

The Universal Register Company, 316 South Canal Street, Chicago, and 92 Centre Street, New York City, have a most attractive "In and Out" registry for nurses, style C-E, an illustration of which will be found in their advertisement in this issue.

The board is rather similar to their "In and Out" board for physicians, but experience has taught that for the purpose of registering nurses a larger card is desirable, and particularly one where the name only will show. The other information, such as where the nurse is on duty, and the time when she will be relieved, is on that portion of the card which is dropped out of sight in the pocket.

This is the proper method, and is being rapidly adopted by progressive hospitals.

SOMETHING NEW!

CHR. HANSEN'S

Junket Brand

Buttermilk Tablets

are now ready for the market.
Ask your Druggist for them and
make your own "Buttermilk" or
"Lactic Acid Milk" at home.

Pure, Wholesome, Refreshing.

**15 tablets for 25c
or 75 tablets for \$1.00**

Chr. Hansen's Laboratory,

Box 1706, LITTLE FALLS, N. Y.



50 Space Style C-E

"IN and OUT" Register for Nurses

Made of oxidized brass, with wood frame; the
movable "In and Out" features show in red
and blue. Each board constructed special to
order. Write for full information.

UNIVERSAL REGISTER CO.,

316 S. Canal St., Chicago

92 Centre St., New York



TRAINED NURSES WANT

Water Bottles they can rely upon for three things:

POSITIVELY SEAMLESS—Will not leak

SMOOTH AND PLIABLE—Sensitive in touch

PERFECTLY SANITARY—Easily Cleansed

Star Seamless Water Bottles

have won the praises and endorsement of the entire
Trained Nurse and Hospital profession. They are
all three in one. They are the only *positively seam-*
less bottles ever made with standard stopple. Note
how we have devised a way to mould them all in
one piece, smooth and uniform like a glove.

Send for free copy of "The Blood of
Venus," a handsomely illustrated romance,
extremely fascinating — for Nurses.

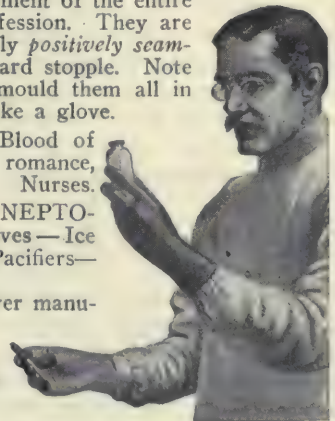
"VENO-STAR"—"MARCO-STAR"—"LUNA-STAR"—"NEPTO-
STAR." Water Bottles—Combinations—Syringes—Gloves—Ice
Bags—Ice Caps—Finger Cots—Nipples—Nipple Shields—Pacifiers—
Face Masks—Bath Caps—etc., etc.

The most complete line of high grade rubber goods ever manu-
factured. All sold on positive guarantee.

Write for our Special Trial Offer to You

The Star Rubber Company

280 Switzer Avenue, AKRON, OHIO



Something New.

Among the new advertisements appearing in this journal, special attention is directed to that of the Genesee Sales Co., of Chicago, dealers in electrical specialties.

To the large and increasing number of physicians and nurses who are recognizing the value of electro therapy, the Wizard Portable Medical Battery and Electro-Thermic Lamp will commend themselves.

The Wizard Battery is the simplest, most convenient, and at the same time one of the most powerful and thoroughly efficient medical batteries ever made. Further information will be supplied by the Genesee Sales Co., Suite 344, 211 Lake Street, Chicago.

+

A Perfect Flooring.

A Brouty Asbestos Composition Flooring comes as near to being a perfect flooring for hospital purposes as is to be found anywhere in use to-day.

It is of wonderful durability and strength, is water-proof, fire-proof and not slippery. It may be laid with a cove base without joining, thus making a complete and harmonious appearance. There are no interstices for the collection of dust, water or germs. Easy to clean, easy to sterilize and costs only 25c. a square foot, laid.

+

Chronic Ill Health.

Nerve tonics, stimulants, "pick-me-ups," etc., are usually not only useless, but harmful, and so-called "nerve foods" are but therapeutical "will 'o the wisp." Nutrition and blood glandular re-enforcement is the essential indication and there is no general reconstructive and reconstituent that shows more prompt and potent effects than Pepto-Mangan (Gude), a ferruginous and manganic restorative and blood-builder of proved and undoubted efficiency, entirely free from the irritant, corrosive, astringent and constipating effect of the ordinary preparations of metallic iron.

+

Sanitary Cleanliness.

Is there anything more important to the health of the family than putting the home in a perfectly sanitary condition? Sanitary cleanliness by which the process of bactericidal life, harmful to health, is arrested and overcome, is occupying a very prominent place in

the up-to-date home. A little Sulpho-Naphthol, one of the strongest bactericides known to science, in every pail of water used for cleansing, gives a condition of cleanliness and purity which is the highest point reached in home sanitation to-day. Sulpho-Naphthol has revolutionized modern ideas of sanitation.

+

The New "Record" Hypodermic Syringe.

Nurses, throw away your old hypodermic syringes. At last an absolutely reliable instrument has been made which will do its work every time—a syringe that can be depended upon to work without fail in the hour of emergency. The "Record" syringe has a glass barrel accurately graduated, metal mountings and plunger—all glass and metal, no packing or washers. No threads to get out of order, the cap is ground to fit the metal mounting on the barrel and is held by a bayonet catch. Send for a descriptive catalogue to the Valzahn Company, No. 1629 Chestnut street, Philadelphia, Pa., or better still, send for a "Record" Syringe. See the advertisement on the first page of this magazine.

+

The Active Principles There.

Von Schulz & Low, Chemical Laboratory and Assay Office, 1746 Champa Street, Denver, Colorado, April 20, 1909.
Katharmon Chemical Co.,

Gentlemen—We hereby certify that we have carefully analyzed a sample of Hagee's Cordial of the Extract of Cod Liver Oil Compound, purchased by us in the open market.

We have found and positively identified. Aselline, morrhaine, the fluorescent extractive and amines in the samples of Hagee's Cordial of the Extract of Cod Liver Oil Compound examined by us. We have, for all these active principles specified, obtained such marked and characteristic reactions as to leave no doubt about their presence in Hagee's Cordial of the Extract of Cod Liver Oil Compound.

Yours very truly,

(Signed) VON SCHULZ & LOW.

+

Ergoapiol (Smith).

Miss S. S., began menstruating when thirteen years old; when fifteen she began to gain flesh very rapidly and by the time she was sixteen she weighed 180 pounds. She had been

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1908 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and co-ordination exercises.

The instruction will occupy about seven months, beginning in October, 1909. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

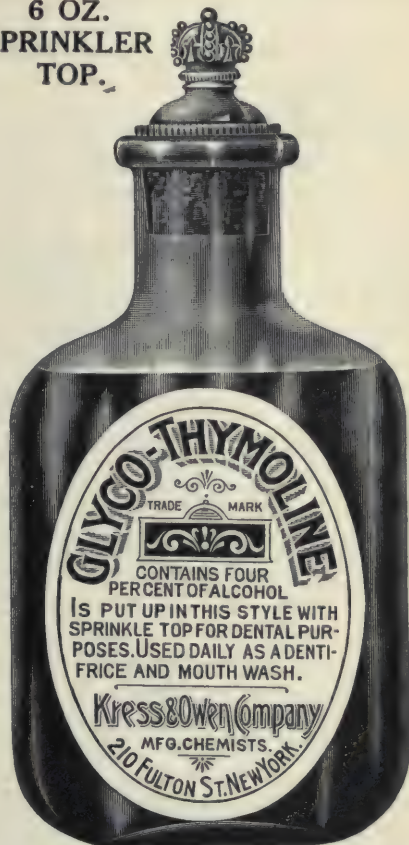
Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechano-therapy or separately.

This course last four months, and the fee is \$25.

1701 Summer St., Phila., Pa.

6 OZ.
SPRINKLER
TOP.



One of above special bottles of
Glyco-Thymoline will be sent

FREE
Express Prepaid
to any *Trained Nurse* on application.

We want you to know the value
of *Glyco-Thymoline*. It stands
on its merits.

Mention this Magazine.

KRESS & OWEN COMPANY
210 Fulton St., New York.

regular until she grew stout, when the function disappeared. She was seventeen when brought to me, irregular and suffering from various reflex disturbances. Examination revealed no diseased organs. Diagnosis—suppressed menstruation due to obesity. Prescribed a brisk mercurial purge four days before menstruation, with a spare diet, and one capsule four times per day of "Ergoapiol," beginning after the purge and continuing for a week after time for "period." Three months passed and no return of function, yet she had lost fifteen pounds. I then ordered her to drink freely of vichy water and take the "Ergoapiol" continuously. In two months the function returned and has since been regular.

C. W. CANAN, B. S., M. D. Ph.D.

+

The R. R. R. Thermometer Set.

This ingenious assembling of all the thermometers ordinarily used by the nurse—mouth, rectal and bath—in a compact and attractive combination case, will be welcomed heartily in professional circles. This is particularly true since the accuracy and reliability of the instruments are vouched for over the stamp of the R. R. R.—a stamp that is daily becoming more and more widely recognized as the stamp of superiority in professional supplies.

Our readers will do well to investigate the merits of this extremely practical combination.

Your order will be filled promptly, or any inquiry courteously answered by the Ready Reference Register, Herald Building, Watertown, N. Y., who continue to solicit your patronage through the advertising pages of the TRAINED NURSE.

+

Woman's Nerves.

A woman's nerves are more susceptible to the irritation from certain drugs than are the nerves of the more robust sex. In many instances digestion is greatly interfered with, and progress toward recovery from any disorder retarded, by the habitual daily use of coffee or tea. The family physician is frequently "stumped" to know just why Mrs. A.

does not respond to his remedies. He looks to her diet so far as solid food is concerned, and yet the coffee habit is of such ancient lineage and is looked on as such a solace, he hardly thinks of forbidding its use. The result is a puzzling inefficiency of his remedies and dissatisfaction all around. Forbid coffee for a week and suggest postum—boiled 15 minutes until it is strong and the food elements are brought out—with good cream, taken hot, and see what a change will take place. Postum is made of whole wheat and a small percentage of pure New Orleans molasses, contains no coffee or other harmful substance and, when made according to directions, is not only palatable, but is as delicious as good, high grade Java Coffee.

+

Sterile Sutures.

Meinecke & Company, of 48 and 50 Park place, New York, opened their new Laboratory some time ago, and the continuous growth of their output would indicate that hospitals welcome the new product of this old concern, who for a number of years have been manufacturing the well-known line of "Advanced Specialties for Hospitals."

We had an opportunity recently of acquainting ourselves with the methods used and the conditions attending the process of putting up the "Meinecke" Sterile Sutures, and are satisfied that the arrangements made by Meinecke & Company to make sure of the production of absolutely sterile material, are perfect.

The laboratory in which the process of sterilization is carried out is strictly modern, thoroughly aseptic conditions prevailing, and our inspection of the product convinces us that it in every way conforms to the high standard of "Meinecke Quality," and will add to the reputation which this concern already enjoys among hospitals throughout the country.

The line of Meinecke Sterile Sutures in tubes is most complete, as in addition to plain catgut, chromicized catgut, and iodized catgut, it embraces kangaroo tendons, silk worm gut, surgeons' silk, and horsehair.

(Continued among the Advertising Pages.)

**THE
PIN
DENOTES
THE
QUALITY**



Helpfully Yours—

The R. R. R. Thermometer Set—Mouth, Rectal and Bath Thermometers

In a Neat and Sanitary Combination Case

Price, \$3.00

The illustration herewith merely suggests the convenience, the security, the preparedness for all thermometer emergencies that you will enjoy with this set a part of your equipment.

The instruments are the well-known "HARVARD Clinicals"—every one certified as to accuracy and reliability by the world's largest thermometer makers—every one backed by the customary R. R. R. guarantee—"Satisfaction or money back."

Every set is accompanied by a contract on our part to replace all broken thermometers at cost. That's R. R. R. economy.

More detailed information on request, but you run no risk in ordering to-day. Your money will be refunded if you are not pleased and satisfied.

Other Modern Helps for Modern Nurses

THE READILY READ RECORD—A bed-side record for everyday use that you will enjoy and your physician appreciate.

R. R. R. MATERNITY RECORDS—Mother and Baby on one sheet, yet distinct and separate.

TEMPERATURE, PULSE AND RESPIRATION CHARTS—The case reflected as from a mirror.

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A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKE SIDE PUBLISHING COMPANY
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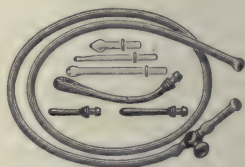
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The Trained Nurse and Hospital Review

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NEW YORK, APRIL, 1910.

No. 4.

Private Nurses and Nursing, with Recommendations for Their Betterment*

THOMAS E. SATTERTHWAITE, M.D.,
New York.

THOSE of us who have been in practice, as I have, for upward of forty years, and have been brought into contact with almost every kind of nurse, in and out of hospitals, realize that the modern nurse is the result of a gradual evolution. The male nurse no longer handles his patients with the brutality of a prize fighter, treating the inmates of a delirium-tremens ward to the club when they make a disturbance, nor are female ward nurses allowed a generous measure of beer or whiskey by house officers, whenever they make the request, though both of these practices were carried on during my early experiences. We have passed, too, the period when a nurse (I am now speaking of the male nurse), discharged from one hospital for causes which should have barred him from any other, could secure a similar position, without any adequate inquiry being made into the cause of his dismissal. Twenty-five years ago this was no infrequent occurrence; and it is true that there was some reason for it, for of good male nurses there were very few in our city before the Training School for Male

Nurses was opened at Bellevue Hospital.

We have also long ago passed the period when no proper physical examination was required of a nurse applying for admission to a training school, so that it was not unusual for her to break down so completely under the strain of a severe case that another had to take her place.

When, however, nursing came to be recognized as a useful and even elevating vocation, the class of women applying began to improve in quality from year to year. Indeed, the well-equipped and experienced nurse may now hope to eventually earn a larger salary than from teaching, clerical work or business, while favorable opportunities open before her for contact with persons in the highest walks of life; and at the same time the possibilities of an advantageous marriage are materially increased.

Yet many of our modern nurses enter the field for the love of the work itself. Such belong to the highest type of womanhood. What wonder, then, that patients, and even young physi-

*Read before the Medical Association of the Greater City of New York, November 15, 1909, and published in the New York Medical Journal.

cians, now and again fall victims to the charms of these fascinating sisters, exemplars of a heroism and self sacrifice that lift them high above ordinary mortals? As Weir Mitchell has said, they

"Give what none can measure nor can weigh,
Simply to go where duty points the way;
To face unquestioning the fever's breath—
The deepening shadows of the vale of death."

And yet, notwithstanding all this, we have reached a period, also, when we can see great imperfections in the system, and see that all nurses do not measure up to the high standards we set for them. I will go further and call attention to the fact that a decided reaction against these present methods has been developing, and that it is now spreading over the entire country.

Without going into this matter at any length here, I will merely say that the first move toward the right sort of reform was made in England in 1887, when an effort was made to have a public bureau for the registration of nurses. Conflicting interests have hindered the movement, but a registration bill has passed the House of Lords, and others are, or were, before the Commons. A good feature of one bill is that it proposes to register two classes of nurses—one answering the full requirements, and another, known as associate nurses, whose requirements are less ample. In this country at least twenty-three of our States have registration laws; while the United States government, by establishing the Army Nurse Corps, in 1906, has provided not only for the registration of nurses who have passed the required examinations, but also for their supervision and control. In case of a complaint the nurse has an opportunity for self defense, but on failure to an-

swer charges satisfactorily, she or he may be dismissed from the service.

The need of the changes I will suggest is easily shown. Take the case of a well-equipped and perhaps experienced nurse, who at some time or other has done work of a high grade. For some reason, it matters not what—she has taken to soothing drugs, and has become an habitue, a slave to the vice, no longer to be trusted with an important case. Every physician of extensive experience knows that there are times in the exacting career of a trained nurse when the temptation to use soothing drugs is very urgent, and that all may not have the strength to resist, and so a habit may be formed. A properly managed Public Bureau of Registration, Supervision and Control would, however, make it impossible for such women to be put in charge of important cases.

The need of proper supervision by such a bureau is also well shown by an incident Osler described a while ago in an address to a graduating class of nurses. It appears that a neurasthenic was sent away to a secluded resort in the care of a well-trained nurse of excellent antecedents. An unexpected visit to the invalid found the two enjoying some choice Egyptian cigarettes, although tobacco had been strictly forbidden by the physician in charge.

Another fault of the system is that the modern nurse is sometimes apt to err in her appreciation of the relative position of patient and physician. This is largely due to the idea which prevails to some extent among nurses that nursing is a "profession" like that of medicine, law or theology. What this unfortunate idea may lead to is shown by another incident. I was asked last spring to see a case of severe and per-

sistent hiccough, but as I happened to be ill with influenza, another consultant was called in by the attendant, who gave me the subsequent details. The untoward symptoms had yielded, and there was no cause for alarm, but the nurse undertook to notify the relatives, on her own responsibility, that the patient was going to die. The doctor was immediately but unnecessarily displaced, all on account of a nurse who misunderstood her relation to physician and patient. The latter had never been in any immediate danger, and recovered promptly. In another instance, which came under my personal observation, the nurse failed to keep the physician in charge notified, as she was directed to do, of the patient's daily condition. The case was a chronic one, which at times required some slight modification in the treatment. In consequence of her disobedience, when the change was desirable the patient, feeling that there had been something amiss, thought it was time to change his physician, and did so. If in this instance the nurse had done her duty loyally to the physician, she would have been at the same time faithful to the patient. Possibly he might be alive to-day, and she, the nurse, in charge. And so it is that a nurse's disloyalty may bring its own punishment, and promptly. Paid by the patient, or some one close to him, and not by the physician, she sometimes seems to think that it is safest to "stand in" with the patient, and actually obey him, rather than the physician.*

*Since this paper was read I have had a somewhat similar experience in my practice. A consultant who had been called in to perform a surgical operation with my approval had left a written message for the nurse to telephone me. Some one in the house, for some reason or other, objected, and the nurse disobeyed the order. Ultimately the consultant was informed, and he telephoned the message. Fortunately in this instance no harm was done to the patient by the disobedient nurse, but it might easily have been otherwise.

But loyalty to the physician means faithfulness to the patient, even if the treatment is not always in line with what she has been taught in the training school. The nurse is the handmaid of the physician, never his equal, until she becomes a physician herself. Then she may believe herself and the law will recognize her as his equal, but not until then. Loyalty to the physician and faithfulness to the patient do not form a twofold proposition, but a single one. For supposing that the nurse detected the physician in an erroneous course of treatment, she should so notify him at once. In case he persisted, she would be quite free to leave the case; indeed, that would be the only honorable course for her to pursue.

Youth, vigorous health, keenness of perception, tact, neatness, training and skill, with a kindly, perhaps at times a sympathetic demeanor, and a disposition to perform anything in the range of her duties cheerfully and well, are attributes of the good nurse. But in the long run, qualities of the head and heart will outweigh the most elaborate training and skill, however useful they may be. The most successful private assistant I ever had, in the physical management of my heart cases, was a young and clever Irish-American girl, who had never been educated for a nurse, but understood how to manage both male and female patients, and gave general satisfaction. But she was pierced by Cupid's dart, and was not to remain long with me. I hope she made her happy husband feel

"Rich in having such a jewel
As twenty seas, if all their sand were pearl,
The water nectar, and the rocks pure gold."

We need, too, that nurses should be classified as to their qualifications, which should be matters of record, open

for professional inspection. We have now obstetric nurses, and nursery maids for bottle-fed children, and in our insane asylums we have men and women trained to manage these wards of our body politic. And as a consultant at the Manhattan State Hospital, of this city, I can truly say of these latter nurses that they do their work kindly, successfully and with astonishing ease. No ordinary hospital nurse could begin to be as efficient. In fact, Weir Mitchell has said that he has found "the best general hospital nurses relatively unfit to handle rest cure cases, serious hysterias, and wholly unable to deal with melancholias, manias and delusional insanity."

There is also at the present day a class of nurses who, though thoroughly competent, object to private cases; they prefer hospital work. Another class will go only to choice localities; another class will only go out of town at certain seasons of the year, and are particularly unwilling to be absent at the Christmas season. Indeed, the matter has now come to such a pass that several physicians and surgeons of my acquaintance, requiring the highest kind of efficiency, only employ nurses on a selected list; and in one case a surgeon of the first rank in this city (now dead) did not employ private nurses from the institution with which he was most closely connected. In fact, the status of nurses and nursing will not be improved until we not only have a standard of requirements for nursing and nurses, but also certificates setting forth that this or that nurse has these or those qualifications for his or her professional work, together perhaps with other qualifications for special cases.

After a certain age a graduate nurse,

no matter how well she has been qualified at the beginning of her career, may fall off so as eventually not to be the equal of a probationer. The decline in efficiency is often very rapid. Age necessarily brings with it more or less of disability in the perceptions; the eyesight fails, or hearing becomes defective. I employed a nurse quite lately who had become deaf; she could not hear when called from the next room, and spoke in such loud tones in and about the house that she had to be cautioned. So it is desirable not only that the nurse should be examined physically, mentally and morally, but that examinations should be made from time to time as tests for continued fitness. A Board of Registration, working on these lines, might also obviate an unfortunate defect in our medical ethics. Some of us are apt, as I have said, to have favorite nurses. We hear of them on all sides. They can always be trusted, it is said, no matter what the trouble is. But can they? Obviously not, from what has already been said. And to employ them in any kind of a malady is discreditable to the physician and a danger to the patient. Now, with a proper Bureau of Registration, run under the laws of the State, a physician should always be able to secure the proper nurse, general or special, with the least possible delay, and the responsibility for the nurse's efficiency would be lifted from his shoulders. The nearest approach to this ideal was in my experience as a general practitioner, when Miss E. P. Perkins was superintendent of nurses at Bellevue. I had merely to notify her of exactly the kind of a nurse I wanted, and I always had the right one sooner or later. And the selection of a proper nurse is, of course, a matter of the ut-

most importance to physicians and surgeons. Inefficient nurses will always be a bar to ultimate success in treatment.

There is one special point that I wish to emphasize. The present high standard of charges for nursing is often prohibitive. I was on one occasion called in consultation to see the child of my coachman. The child had scarlatina, with broncho-pneumonia. The father was panic stricken, but he had heard of a man nurse who would come to him for \$5 a day. The nurse was engaged for a week, but it certainly cost the father half of his month's earnings. He could get the best physicians at rates within his means, but he could not get a qualified nurse to assist him without paying the full price the nurse demanded. The nurse, it is true, may not have been able to afford to serve the poor man for a lower price. His physicians, however, served him for a minimum figure, and were glad to do it. From the monetary point of view, they were true to the teachings of our profession; but the nurse demanded the whole pound of flesh, and got it. This defect in the present nursing system has been met to some extent by the Visiting Nurse Societies of Philadelphia and Chicago, but they do not as yet adequately cover the ground.

It will have been observed that my talk has been mainly about private nursing. Hospital nursing has now reached a very high standard of efficiency, from the fact that the ordinary hospital nurse has a distinctly limited field, where she is immediately under the eye of the head nurse or superintendent, usually a woman of superior attainments and ability, while the latter is under the supervision of the resident medical or surgical officers, and they

again under the eyes of the attending staff. But in private nursing the status of the nurse is quite different, for here are needed qualities of mind and body and soul that are not so essential in a hospital nurse. A good hospital nurse may be a poor private nurse, and a nurse just out of the hospital exceptionally poor. In fact, when the graduate nurse leaves the hospital she has to learn much and unlearn much. In the first place she has to assimilate herself as rapidly as possible to the status of the family in which she is to live. Her manners must be agreeable, without undue familiarity. Without letting her efforts be apparent, she must endeavor, by the use of such talents as she may possess, to gain the confidence of the patient, and also of the family. The best efforts of the physician may be and often are neutralized by a nurse in whom these qualities are absent. Nor can she accomplish all that is desirable without due consideration of the relative positions occupied by the several members of the household. The nurse who always requires to be waited on, or who expects to have the best, when others fare less well, is very certain to find sooner or later that she has missed her vocation.

All of which leads up to the statement that every training school for nurses, general or special, should have a certain number of its best nurses free to care for persons of moderate means, and even for charity cases. I am willing to admit that the expense of employing a trained nurse is not too great for well-to-do people, but it is much too high for others. And as a rule—to which I am glad to say there are exceptions—the best nurses cannot be obtained for less than the regulation rates. Each up-

to-date training school should have some method therefore by which it can furnish persons of limited means with the same grade of nurses as of doctors, and all nurses in training should be compelled to take such cases as they may be assigned to them. "The poor man's call should be God's command," some one has truly said.

The present New York State law, by its failure to express the proper relation of the nurse to the physician, and by permitting examination and registration by a board composed almost entirely of female nurses, has gone far toward erecting nursing into a profession like that of medicine, but controlled by women nurses. There is no classification according to qualifications, and no scheme for supervision, while examinations may be waived by the regents. On the State Council of Five Examiners there is now but one physician. Nurses should be invariably examined by the regents, then classified, and continuously supervised and controlled. If such a plan as this materializes, it will mean that physician and surgeon will have better results in their private practice, while the registered nurse will have a higher standing in the community.

However, with all my criticisms, the average graduate nurse has probably never before been so thoroughly trained and equipped. And I believe this opinion will be shared by our best physicians and surgeons.

The main fault of the present system is not chargeable to the ordinary graduate nurse, but to a comparatively small number of women, possessed, I am sorry to say, of inordinate ambition, and having improper conceptions of the relative position they hold to physicians on the one hand and to patients on the other. They have injected into nurses' associations ideas that are erroneous and full of danger to the nursing community. Unfortunately, complaisant legislators have been found to frame some of these notions into statutes, while we, as physicians, have failed to recognize the grave consequences of the movement.

The inference is natural, therefore, that where such registration laws exist the title of R. N. (registered nurse), as now conferred by the State authorities, may be of detriment, rather than of advantage, to holders of the title.

7 East Eightieth street.

"Like leaves on trees the race of man is found,—
Now green in youth, now withering on the ground;
Another race the following spring supplies:
They fall successive, and successive rise."

—From Pope's translation of *The Iliad* of Homer.



The Development of Bacteriology

M. E. COWEN, M.D.

Fishkill-on-Hudson.

(Continued from March)

THE compound microscope was invented in the year 1650, but in 1675, Anthony von Leeuwenhoek, a lens grinder of Holland, put together a combination of lenses that made a better microscope than any in use at that time. With it he saw in water, in the intestines of horses, fowls, frogs and flies, and even in the passages from his own bowels, small living and moving forms, so small indeed, that other observers, even with the best means they had at hand, could not for a long time confirm his findings. It was not until 1683, however, that he published his observations and made accurate drawings of organisms seen in tartar scraped from teeth and dissolved in water.

A part of his description is as follows: "I saw, with very great astonishment, that there were in this material many extremely small animals which moved about in a most amusing fashion. The largest of these were present in very great numbers and moved about by the locomotion of their bodies. Besides these, other animalculæ were present and in such large numbers that the whole water seemed to be alive."

Von Leeuwenhoek did not at that time attempt to explain the significance of these organisms in the mouth, but contented himself with simply describing them and making drawings. Twenty years later, after finding similarly appearing organisms in the scum that collects on the surface of pond water, he published the observation that these

germs on the teeth came from drinking water that had been stored in barrels.

The field of work thus opened up by Von Leeuwenhoek was rapidly invaded by others, but owing to the variety of methods and the imperfect apparatus used, little real progress was made. Many observers believed that at last they had discovered the fount and source of all ills and the germ theory of disease was so freely and so forcibly thrown at the public that it proved to be its own undoing. Even if no germs could be found in a given case, the scientists still firmly believed they were there, so the invisible little worms became the butt for every shaft of ridicule that could be turned in their direction. Such names as "pinchers, body-biters, evil bugs," etc., were applied to them, the whole system being held up to satire till the germ theory was almost completely discredited.

A few men there were who still retained their belief in the theory and they continued their work of investigation, bringing to light here and there a point in regard to the matter that seemed reasonable, but owing to mistakes in their methods, leaving loop-holes that were promptly pointed out by some one of the opposite belief who began a new set of experiments more in the hope of defeating his opponent than in adding anything new to the subject.

So it went for 150 years or more, bitterly fought by the scientists and totally disregarded by the public, till in 1860, Pasteur, a Frenchman, studying the fer-

mentation of beer and wine, published the observation that every fermentation is caused by living organisms which are carried about in the air and that to exclude air entirely would prevent fermentation and putrefaction.

By experimenting with different varieties of yeasts he found that allowed to develop unhindered in a saccharine liquid they caused fermentation, but their growth might be checked or they might even be killed by the addition of carbolic acid to the solution in which they were growing, and in such cases fermentation did not take place.

The same reasoning he thought might be applied to infections by regarding them as fermentations or decompositions going on within the tissues and caused by these same or similar germs. Pus, commonly called "matter or corruption," when occurring in a wound, Pasteur thought was due to the action of germs falling from the air onto the exposed surface, and by applying his carbolic acid solution to recent wounds he attempted to destroy the germs before they managed to penetrate into the tissues.

This was really the first step in the direction of the antiseptic treatment of wounds. While using this method, Pasteur saw, to use his own words, "that pus remained entirely absent or was reduced to a minimum, while putrid changes were absent and the wound healed rapidly."

The great importance of this theory was not fully appreciated even then, but later was worked out by Lister, an Englishman, who saw that owing to the difficulty of killing germs after they had made their way into the tissues it was necessary to prevent their coming into contact with the wound at all. Accept-

ing as true the statement that germs floating in the air were the cause of fermentation, Lister came to the conclusion that germs which cause the inflammation and suppuration of wounds also floated in the air, and more than that, were even attached to the instruments, dressings, bandages, etc., used in the treatment of wounds. Therefore, before these materials be allowed to come in contact with the injured tissues those germs must be killed by some means or other, and with a tremendous combination of experiment and patience he built up a theory and practice of aseptic surgery which has so changed the treatment of wounds and the routine of ward management that he may well be called the Moses who led the medical profession out of the wilderness.

Here it may be well to remind you of the difference between "aseptic" and "antiseptic," terms which are often confused not only by nurses but by physicians as well. Aseptic, meaning without sepsis or poison, refers to the condition of surgical cleanliness imparted to all appliances to be used during an operation or in dressing a wound. This condition may be attained by means of heat or the use of various antiseptics. Antiseptics are substances which have the property of killing or inhibiting the growth of germs.

After 1875 the knowledge of various bacteria increased rapidly. New methods were brought into use which made the knowledge more exact, and the science advanced by leaps and bounds.

In 1880, the bacillus of typhoid fever was isolated and studied by Eberth, with the result that our views on the cause, prevention and treatment of that particular disease were radically changed.

In 1882 Koch startled the world with

the announcement that the cause of consumption had been found, and the bacillus of tuberculosis was added to the list of identified bacteria. 1884 saw the bacteria of cholera, diphtheria and lock-jaw determined. In 1892 "the grip," 1894, Bubonic plague were added to the list, and in 1896 the infecting agent of yellow fever was determined.

By infection is meant the entrance of bacteria into the body in sufficient numbers to cause disturbance, and this ordinarily takes place in the following ways:

First—By being inhaled, as in measles, grip, pneumonia, tuberculosis and the like, affecting primarily the nose, throat, bronchi and lungs.

Second—By being swallowed with food or drink, like typhoid, cholera and dysentery, with consequent disturbance of the gastro-intestinal system.

Third—Through the skin, either by the bite of an insect, as in malaria or yellow fever, which are transmitted by different varieties of the mosquito, or by direct entrance into an unprotected wound or cut. The same result may follow if a soiled dressing is allowed to remain, or if a dressing is applied without the layer of dry, sterile absorbent cotton, which should form a part of all surgical dressings. I say "dry" because it has been demonstrated that germs will pass through wet cotton.

It is this direct entrance of germs into a wound that is responsible for the condition known as "catching cold in a sore" or "having blood poison set in."

Let a man come to me with a cut or wounded finger—I dress it to the best of my ability and he goes back to his work. Nothing happens for a day or two and then, perhaps, thinking the dressing in the way, he takes it off and goes about

his work with no protection at all on a wound not yet properly healed. A little later he comes to me, or possibly to some of my confreres, if he considers the result of my first treatment an index of my inefficiency, with that same finger red, swollen, painful and perhaps covered with pus. If we casually ask him to account for the condition, he says: "Oh, I took the rag off too soon and caught cold in it." You and I know that before that wound had entirely healed, it became infected with bacteria of some sort, but we might talk about germs and infections till the crack of doom without saying anything that would satisfy the patient so well as his own simple statement that he "caught cold in his finger."

Some considerable time has to elapse between the infection and the appearance of the disease or inflammation, because the few germs which gain entrance to the body must grow to enormous numbers before they can cause disease or its symptoms. This period varies from twenty-four or forty-eight hours to two weeks or even more, and is called the period of incubation.

A mixed infection often occurs, two or more kinds of bacteria invading the body at the same time.

To counteract all this, the modern treatment of wounds is the aseptic and antiseptic one, the meaning of which has been previously described. Instruments and dressings treated in this way are called "sterilized."

The best way to sterilize instruments is by boiling. Dressings can be steamed or baked. Chemicals for washing the wound are bichloride of mercury, carbolic acid, lysol, creolin and peroxide of hydrogen. Powders of the same class are iodoform, aristol, calomel, boric acid

and a host of others. Gases used in disinfecting rooms, furniture, clothing and the like are formaldehyde and sulphur fumes.

The operating room of the present-day hospital, at a time when work is to be done, presents a scene that would be impressive to the average individual if he could see it being prepared for the day's battle. Walls and floor are scrubbed with some disinfectant, gallons of sterilized water, both hot and cold, are prepared; all instruments, sponges, towels and dressings are sterilized and laid in their proper places. The tables and stools used are scrubbed and then wrapped in cloths wrung out of a disinfectant. When everything is ready, the patient is etherized and placed upon the table, the field of the operation is scrubbed with soap and water, followed by a disinfectant and finally by sterile water. All except the site of the operation is then covered by sterilized sheets and towels. The surgeon, his assistants and nurses scrub and disinfect their hands and arms, cover their clothes with sterilized gowns reaching from neck to heels, use a cloth cap to cover their hair and finally encase their hands in sterilized rubber gloves. So, from start to finish, nothing which is not surgically clean is allowed to come in contact with the wound, and all this in the hope of making that wound heal more quickly and without the formation of pus.

Compare that, if you will, with the following, which was told by an old surgeon of an operation which he performed in the early sixties. The patient was a little girl with discharging sinuses leading down to dead bone in one leg. The operation was performed before a class of students and a few visiting physicians. The operating room was also

used as a dissecting room by the students. The operating table was a long box, laid upon two chairs and covered with bed quilts. Inside that long box was one of the "subjects" which the anatomical students were dissecting at the time.

After the operation was practically finished the surgeon turned to one of the visiting physicians and, as a matter of courtesy, asked him if he wouldn't like to examine the patient and see if he could find any more bone to be removed. Of course, the visitor was delighted, and, taking off one of his driving gloves, grubbed around in the wound with the same hand that had harnessed his horse and done all sorts of other things, without seeing any soap and water since. Other visitors were accorded the same privilege, and when all had finished, the wound was bandaged and the patient put to bed.

"Did it suppurate? Of course it suppurated. I expected that it would. The patient died, and I expected that too, but I didn't know at the time that our dirty fingers had anything to do with it."

Leaving the surgical side of the subject, let us consider the medical side for just a moment. Bacteria that have infected the body through the respiratory or digestive tract, after passing through the period of incubation, make known their presence by certain signs which show that the person is becoming sick. There is a general feeling of discomfort, headache, loss of appetite, possibly nausea and vomiting, more or less pain at the site of the disease and a sudden or gradual development of fever.

Some individuals seem to be especially liable to certain diseases, while others are immune to the same ones. Such immunities may be permanent or tempo-

rary, hereditary or acquired, but I shall not discuss this to-day as it is to be made the subject of another lecture.

Bacterial action upon the tissues of the body is of great importance in the production of disease. In the first place the germs take up from the blood, lymph and tissue cells, such substances as oxygen, carbo-hydrates, water, etc., which are necessary to the body and appropriate them as food for their own growth, thereby causing wasting of the body and exhaustion from want of food. In the second place, bacteria produce a vast number of compounds, and many of them are toxins or poisons. These are thrown out into the circulation and absorbed by the body, and it is chiefly due to their action that the symptoms of disease develop. From the bacteria, which die within the body, still other poisons are given off, and it is only too true, as has been said, that the little pests cannot be content with taking our sustenance away from us, but use our bodies as their sewers and cemeteries.

Contagious diseases are communicated from one to another, either directly, by actual contact, or indirectly, by a third person or some article of clothing or furniture which bears the germs of the disease from having come in contact with the patient.

A patient sick with a contagious dis-

ease excretes the bacteria in his breath, saliva, perspiration, urine or faeces, one or more, and by careful isolation of the patient and by disinfecting the discharges of the body much can be done to hinder or even prevent the spread of the disease.

Consumptives, when coughing or sneezing, should hold a cloth before the mouth and lips and the cloth should afterwards be burned. The sputum they raise should be collected in paper cups or cloths and burned.

The urine and faeces of a typhoid patient should be thoroughly disinfected before being thrown into the vault or sewer, as it is possible, especially in country places, that the discharges may find their way into a nearby spring or well, infecting the drinking water and causing an epidemic of the disease.

Flies in the sick room of such a case are another source of danger, as they are likely to travel around on the bed linen or even on the patient himself and then over the food of other members of the family.

Persons having the care of such cases must be particularly careful about disinfecting their hands after coming in contact with the patient before doing anything else. Dishes used by the patient must be kept exclusively for him and disinfected each time they are used.



The Nurse's Attitude Toward Complications in the Contagious Diseases of Children

LE GRAND KERR, M.D.

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DURING the course of the contagious diseases in children and immediately following convalescence, there are some complications that are liable to occur, and if the nurse is conversant with these and is watchful for their onset she may do much to limit or prevent them. In many instances it is not necessary or wise to wait until a definite order is given by the attending physician in regard to the matter, but the careful nurse shows her interest and ability by combating these things at once, and, without assuming too much authority, makes her report to the physician at the earliest possible moment. Let us consider a few of the more common conditions which arise in the different diseases:

Measles.—In this disease there is always more or less involvement of the eyes in the catarrh and this may be slight or severe. To avoid unpleasant complications and an injury to the sight of the child, there should be some protection to the eyes by a darkening of the room sufficient to make the child comfortable. The room should be so dark that the child may look toward its brightest portion without any evidence of squinting or blinking. Added to this there must be the most scrupulous cleansing of the eyes several times daily. For this one may use a solution of boric acid, any mild antiseptic solution, or plain boiled water. All solutions must

be used cold. In cleaning the eye a fresh cloth or piece of cotton must be used every time, and the gentle rubbing away of the accumulated secretion must be toward the nose. The nose and mouth also must be frequently cleansed. The nostrils may be cleaned with little pledgets of cotton soaked with albolene. With a careful toilet of the nose and mouth many cases of bronchitis, which is a serious complication in the very young, will be prevented. If any spots of ulceration appear within the mouth these should be painted over several times with pure peroxide of hydrogen and the fact reported at once to the physician. The tongue may be scraped clean with a spoon handle, if care is taken not to injure the delicate membrane. In every case of measles the family should be warned that it is not a disease to be treated lightly; that frequently in those who are predisposed to it, measles is the one disease which is followed after some weeks by tuberculosis. It is not uncommon for a severe bronchitis to follow measles and the popular idea is that as long as the first disease is over there need be no more care shown. This is not so, the bronchitis following measles or any of the contagious diseases is always more or less infective and there is the great liability that children exposed to the child so affected will shortly develop a similar condition in the chest. Therefore,

isolation, but perhaps not quite so strict as before should be enforced, until the child is well.

The best protection against the development of complications affecting the respiratory apparatus is perfect ventilation of the sick room while the child is confined there. Draughts are to be avoided, but fresh air must be admitted freely. The popular method is to confine the patient in a hot, illy-ventilated room, and this is all wrong.

If there is a tubercular history in the family, or the child is living in surroundings which are favorable to the development of that disease, convalescence of that particular child should not be considered complete in three or four weeks. The child must be treated as though it were only partly convalescent and this method should be continued for several months. In the meantime every effort must be put forth to bring the child's nutrition to the highest standard of excellence.

Scarlet Fever.—The detection of this disease is not always easy, but if a child is taken suddenly ill with vomiting, high temperature and sore throat, it should be separated from all other children until it is possible to decide beyond doubt whether or not the symptoms are those of the onset of scarlet fever.

During the continuance of the disease great care must be exercised in keeping the mouth absolutely clean because in no other way can the secondary infections which occur in the mouth be effectively limited. This cleanliness also prevents to a large extent the danger of contagion, for the mucous membrane of the nose and mouth which in this disease is bathed in a foul, irritating secretion is a fruitful source of contagious material.

Throughout the course of the disease the comfort of the child will be added

to if the skin is anointed freely with some bland oily substance to prevent itching and irritation. This also prevents the scales from flying about the bed and the room and thus limits the contagion.

The same constant care must be given the genitals also and particularly in girls, because neglect of these parts commonly results in serious complications.

As soon as called to a case of scarlet fever the nurse should have provided for her use several test tubes and a small amount of pure nitric acid (the latter to be kept in a glass stoppered bottle). Every day a specimen of the child's urine should be collected and placed in one of the test tubes. Upon the physician's arrival he should be given the opportunity of examining the urine. This little attention will win for you the praise of the physician and the reward of duty done. So many of the cases of scarlet fever are complicated sooner or later by kidney disease that the urine must be very frequently examined. If a sample is given to the physician at the home there is danger of its breakage in transportation, its loss, or of the package being the means of carrying the disease to another child.

Swelling of the glands about the neck is a very common occurrence in this disease and at first sign of such a condition an ice bag should be applied and kept on continuously, or until a different application is advised by the physician.

Inflammation of the ear is a common complication and a dangerous one sometimes, so that its limitation must be sought. Restlessness or evidences of acute pain may be the first signs of the trouble, and this is aggravated if the ear is touched. These symptoms should be brought to the attention of the physician as early as possible.

Diphtheria.—In this disease the greatest danger is from paralysis which comes

on after the condition of the throat has nearly or completely cleared up. In other words its danger is so great because of its occurrence after the child is apparently well, and when one is apt to be caught off his guard.

The safest way to combat this is to insist upon a prolonged period of absolute rest in bed even after all local evidences of the disease in the throat have disappeared. In addition there should be a crowding of the nutrition. By crowding the nutrition we mean that in this disease more than in any other, the child should be encouraged to partake of as much easily digested and highly nutritious food as is possible. If this detail is neglected the child is much more liable to the development of paralysis. The paralysis may affect any part of the body and frequently involves the heart, and in that instance it is most dangerous to the life of the child.

But paralysis is not the sole danger, for the kidneys are often affected in this disease, also. I would strongly suggest that the same methods of the provision of test tubes and nitric acid and the collection of specimens of urine be instituted as suggested in the case of scarlet fever.

Another thing that must be constantly watched for is an involvement of the larynx. This is usually shown at first by a slight but increasing hoarseness of the voice and in very young children it may wrongfully be attributed to the child's crying. But its occurrence should always excite suspicion. Sometimes in place of this hoarseness the child will experience difficulty in swallowing or when fluid is taken into the mouth it may excite coughing. These things should be reported at once to the physician and not left until his regular visit.

If swelling of the neck occurs use similar methods as suggested in scarlet fever.

Impress the members of every household into which you go that the greatest benefit to the child affected with diphtheria will come from the early use of anti-toxin. Benefit will also come with its late use, and therefore it must be used in every case of diphtheria, but the earlier the injection is made the greater the chances of relief. The public needs much education along this line, for they are strongly prejudiced against its use. The difficulty has been chiefly this—many times the serum had not been used early enough, or not until the child was practically dead and complications (as heart paralysis and kidney disease) had set in. Therefore, the public, always too ready to believe what their neighbors tell them, are willing to attribute the death of the child to the injection, or to say that the injection caused the heart paralysis or kidney disease. As the nurse you should endeavor to set them right in this regard so that they will not be the means of making other parents hesitate about allowing the use of this one means which has robbed diphtheria of most of its terrors. The nurse should be willing to set the example by herself submitting to the injection of an immunizing dose of the serum.

Whooping Cough.—The nurse should be ready to instruct the mother that every cough which persists and resists the ordinary methods to combat coughs, should be regarded as suspicious of whooping cough. There is no need that the child whoop at all. It may be so slight that it is almost overlooked. If the cough is worse at night or when the child is indoors it is even more suspicious. As conveyance of the disease may be possible through

a third person, suitable precautions should be taken to prevent any of the expectoration from coming into contact with the person or clothing.

What was said in regard to the association of measles and tuberculosis will apply also in a large measure to whooping cough. It is not a disease to be taken too lightly. Its occurrence makes the child much more liable to the development of tuberculosis and this predisposition persists for a long time.

The child should be encouraged to expel from the mouth all of the secretion which is released by the paroxysms of coughing, because if this is drawn back into the throat there is danger of secondary bronchitis or of pneumonia.

As a complication either of these may be dangerous. Whooping cough of itself rarely proves fatal, so that most persons

think of it rather lightly. But it is the subsequent bronchitis, pneumonia or tuberculosis that does take the life of the child, and as this is what commonly follows whooping cough, we can readily see that the disease is of more importance than most persons are willing to believe.

When the paroxysm of coughing comes on, the attendant should be cool in giving relief to the child. It is advisable to place the hands firmly over the temples and while using slight but firm pressure, hold the child's head forward. This must be done with the child's back to the attendant. In this way the expulsion of the mucus is favored and the increased blood pressure in the head is limited.

The child should be encouraged to cough out all the mucus and the attendant must quiet the fears of the child by remaining calm herself.

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Care of the New Born.

Dr. De Witt H. Sherman in a paper in *The New York Medical Journal* speaks of some often neglected precautions during the first week of infant life. He emphasizes the importance of warmth, as refrigeration produces a shock, which is momentous to the newly born. The temperature should be taken by rectum and kept above 98 degrees Fahrenheit.

Pain sometimes arises from the fact that too little water is given. Post-mortem examination has sometimes shown orange or light red color in the kidneys near the pyramids, usually due to the ammonium urate, amorphous urates or uric acid crystals. They are easily washed away with water, especially if it contains an alkali. This simple remedy often relieves pain too commonly treated by castor oil. He gives as a routine treatment a little weak sodium bicarbonate water during the first two days of life. He

considers the rougher methods of artificial respiration as one cause of physical depression, and recommends Byrd's method. The infant lies with its back on the palm of the hand, two fingers supporting its head. The thumb presses one side of the chest, the fourth and little fingers the other. The other hand grasps the legs and bends the thighs on the abdomen. As they compress it the chest also can be compressed. As the thighs are extended and the body arched backward the chest can be released. It can be performed in a warm bath if necessary. He considers the best dressing for the cord a dry sterile gauze, or linen, so applied as to prevent contamination. Dr. Gallant recommends Balsam of Peru, one part, to castor oil, sixteen parts, both sterile, applied to the base with a thick dressing of sterile gauze for the cord, the whole held to the abdomen by adhesive straps and changed when soiled, or every third or fourth day under aseptic precautions.

For the Saving of the Babies

BY CHARLOTTE A. AIKENS.

FOR years nurses, in common with others who are sincerely interested in the world's welfare and in movements tending to promote the general good, have heard frequently quoted the statement that tuberculosis claims each year from 100,000 to 150,000 victims in the United States. All classes of people have become interested in the cause and prevention of the White Plague, and from statesmen to street urchins all have joined in the common fight against this arch enemy of mankind.

In a vague way we have also known of the awful waste of infant life, but unless one has lived and labored in thickly congested districts in large cities, or in some way has had special attention drawn to the subject, it is unlikely that the appalling magnitude of the slaughter of the innocents annually has been realized. In New York City alone in 1908 16,230 babies died during the first year. The Chicago Health Department figures show that one baby out of every fourteen dies of diarrhoeal diseases. In the month of August, 1908, in Chicago, 719 deaths occurred of babies under two years of age from this one class of disease. Statisticians declare that fully 15 per cent. of the babies born in the United States yearly perish during the first year, and that the number of deaths annually reaches 375,000. Hundreds of other babies are stricken, but somehow manage to cling to life. Many of these grow up with stunted bodies and minds, to later on swell the army of "inefficients," for, as one has well said, it is hard, if not impossible, to make an

efficient citizen out of a blighted baby.

There is no question that the solution of the problem of the babies as presented by prevailing conditions in summer among the poor is going to demand in the future a large corps of nurses who have shown special interest in and adaptation for "friendly visiting" and educational work among the poor, and also who have had special training in this phase of "baby nursing" and infant hygiene. So far as the purely technical part of this department of nursing is concerned, training facilities are multiplying every year. The nurse who has vague longings to engage in "social service" work may wisely test her powers in a summer's work with the babies and their mothers before entering one of the wider fields of social service which are rapidly opening up.

The training afforded in this line of work at the Boston Floating Hospital is typical, and includes lectures on infant feeding, gastro-enteric diseases, premature and feeble infants, peculiarities in anatomy and physiology, observation and signs of disease, nursing in surgical diseases, accidents and emergencies, skin diseases, besides the practical work with the babies and children, numbering daily from 250 upward, and practical instruction and experience in the food laboratory. In the season of 1909 sixty-two nurses were required. The reports of previous years show that nurses from a large number of States were glad to avail themselves of this summer post-graduate course on the hospital ship.

The class of cases received in the

wards is of the severest nature, comprising not only intestinal diseases, but cerebral, pulmonary, cardiac and various other affections. The course of training extends usually from about the first of July to the middle of September. A similar work is carried on by the Floating Hospital of St. John's Guild, New York.

Once the interest of a community is aroused in behalf of the babies, the preventive and relief methods employed will be worked out somehow. But in many places the awakening seems slow. It is so easy for the average citizen not to see or know anything about these hundreds of little funerals, for the "average citizen," man or woman, is busy, and the babies are tucked away on alleys and side streets, in congested districts seldom visited by the "men and women of affairs" who have it in their power to do much to remedy conditions.

"Taking the back trail of these pathetic little funerals," says a writer in *The Survey*, "we are led straight to the beaten paths of visiting nurses, truant and probation officers and charity workers, into the region of the three-room homes, where live widowed and deserted women and others whose income will not permit higher rent. Here unsanitary plumbing and lack of health conveniences do their deadly work. It is the destination of the poorest milk sold in the city. It is where streets are cleaned least often, or not at all; where stalest bread and oldest meat are sold. To it, in the dusk of evening, little children, with shawls over their heads and market baskets on their arms, return with their prizes from the city dumps and the garbage barrels of the market streets. The ninety and nine of the city's business men have never seen and

know little about the conditions which prevail. It is left to the ward politician, the policeman, the insurance solicitor, the installment man, the undertaker, the poor and their children. No matter what the adverse condition is which prevails, whether simple poverty, or poverty plus ignorance, plus intemperance and viciousness—down at the bottom of it all are the little children, and in particular the babies."

In the campaign for the babies, the measures for improvement are usually planned along three distinct lines. It has been found that in many cases the death of the baby in the early weeks of life is due in large measure to the weakened physical condition of the mother, which tends to prematurity and general debility in the infant. When the death occurs later on in the first year it can usually be traced to improper feeding, due more to ignorance than to poverty. The problem is more than a problem in poverty or sanitation—it is these plus the larger three-quarters of the problem—the problem of motherhood. Therefore, in plans for improving conditions there are, first of all, measures directed toward the mother; then come the measures directed toward the child, and measures which require special legislation before they can be carried out.

It is coming to be generally recognized that to bring up a baby successfully we must at least plan to begin with its mother,—its grandmother would be better. A prominent physician has stated a truth which we have been slow to recognize, that "there is lack everywhere of instruction in infant hygiene, and young mothers have to figure out for themselves, and get slowly from experience what ought to be given them as a most important part of their edu-

cation. Children must be reared whose whole future depends on the intelligence or ignorance of the mothers to whom not a word of instruction is given. The fate of the new generation depends upon unreasoning chance or impulse. The first step toward the obtaining of good motherhood should be to train the elder girls in the elements of infant hygiene, which ought to be a part of the school curriculum. It ought to be given in a systematic way under the supervision of a physician."

Proper food for the mother while the child is nursing is a prime consideration. In France so important is this phase of the question considered that restaurants have been established where mothers with a child at the breast may be fed gratis. The questions of birth, religion, legitimacy, etc., are not allowed to enter. It is enough for the philanthropists who finance these restaurants to know that a woman is hungry and has a baby to feed. The reason for this is easily seen when one considers that in Paris fifteen bottle-fed babies die, on an average, to one breast-fed infant.

Unfortunately, however, the simple fact remains that thousands upon thousands of women who would willingly nurse their babies are unable to give them the food that nature intended they should have.

Impure milk has been blamed for this appalling waste of infant life, and while it does form an important part of the problem it should not be allowed to overshadow others equally important. As any one knows who has had even a very limited experience in the homes of the poor, "the beginning of the end" of many a baby is the time when it is brought to the table with the family to be given a little of this, that

and the other thing, a bit of meat or sausage (no one knows how old or nearly decomposed it is), a tasty pickle, vegetables, pie, rich gravy, boiled tea or beer, richly daubed cake which has previously proven very attractive to flies, etc. It is hard to convince the ignorant that many things which adults may eat of freely act as poison to the baby, but these are some of the lessons that must be taught if the baby is to be saved. Equally difficult is it to impress on many of them that a proper daily routine, systematic bathing, clothing and feeding are in the end much better and easier to manage than to neglect these simple precautions and have to resort to the free dispensary for treatment for an ailment that was purely preventable with reasonable care.

A great variety of organizations have attempted, with varying degrees of success, to lessen the waste of infant life by conducting special work in Summer. In practically all of these the milk depot becomes the centre from which goes out, day after day, a corps of nurses, physicians and daily supplies of pure milk, prepared according to the needs of the individual babies. In Chicago the work of a variety of organizations has been co-ordinated by the United Charities and a vigorous systematic campaign is carried on. A special fund has been created which maintains a corps of nurses, five baby tent stations in different parts of the city, and ten neighborhood mothers who act as interpreters and otherwise assist. In addition the Board of Health has received an appropriation of \$10,000 to be used in employing doctors and nurses, investigation, statistics, literature, etc., relating to the Summer care of babies.

(To be continued.)

The Anti-Tuberculosis Wave

MABEL JACQUES.

DID you ever sit by the ocean and watch a great wave come rolling steadily in, gradually covering each particle of sand that lay before it?

I do not mean the noisy, angry breaker that tumbles and tosses and roars, but the steady wave of a calm Summer day.

The oncome of the tuberculosis movement since the Fall of 1908, when the International Congress was assembled at Washington, D. C., reminds me very much of such a wave. Slowly, steadily, evenly, the wave of tuberculosis work has swept on, and will continue to sweep on until its high water mark has been reached, when the necessity for its work will have ceased.

Possibly there are not many of us who will see this day, but without a doubt its attainment is sure to come—the day that will bring health, happiness and prosperity throughout not only our own country, but the world at large.

There are very likely but few people who appreciate fully the effect that sickness, and tuberculosis in particular, has to bear on the financial condition of the country.

We say that tuberculosis is a poor man's disease, and that it is far more apt to develop in the homes of the extreme poor than elsewhere, but on the other hand, tuberculosis is responsible for a great deal of the poverty that exists, not only at the present day, but for many generations past.

The peculiarities of the disease, which permits a patient to move about and perhaps be at his work, even after the disease is quite far advanced, gives the patient medicine man and the unscrupulous

physician a chance to make inroads upon the finances of the family by the sale of drugs that promise to make miraculous cures and allow the patient to go blundering on until the ultimate day arrives when he finds that he has wasted his money, spent his strength and injured his digestion to such an extent that he is practically past all help.

For years this has been the situation, but little by little a change is being wrought. Though the patent medicine circular still reaches the home of almost every consumptive on record, it quite frequently finds its way to the fire, and discarding its suggestion the patient is probably attending a dispensary for the treatment of the disease and struggling on to take the treatment prescribed.

Perhaps you wonder why I say "struggling on."

Have you ever stopped to realize what a great struggle it is to a tuberculosis patient to carry out the treatment? Have you ever tried to realize, if you have not already taken the cure yourself, what it means to be eternally in the cold? To keep on day after day, and night after night, out in the cold when your family and friends are perhaps poor, but warm?

It means both determination and force of character to do these things, and perhaps when we find that again and again we must tell our patients what they must do. When we say, "One must be always at these people or they slide backward," if at such times we would place ourselves in such a position and wonder what we would do, we would perhaps have more patience with them, would be firm but kind.

I am not given to moralizing, but if one would stop to think of how much kindness means to these people, kindness and cheerfulness to help them in their great fight.

Throughout the length and breadth of this land, wherever the anti-tuberculosis wave is reaching, we find the trained nurse taking a most active part. She is the instrument that accomplishes the actual work devised by physicians, by anti-tuberculosis league or by municipal health officers.

Day by day it is more clearly shown that without the aid of the trained nurse, and especially the trained district nurse, all treatment of tuberculosis is ineffectual.

Pause just for one minute and think of what all this means, and before you enter the field yourself realize how much depends upon you and your personality. If you cannot carry cheerfulness and kindness with you into the home of the tuberculosis patient, do not go at all.

Although the editor of this magazine was kind enough a few months ago to publish an article of mine on "Cheerfulness," I feel that too much cannot be said on the subject, and more especially because there has come to my notice these words, uttered by a nurse engaged in tuberculosis work: "I'm so tired of hearing them cough. I don't see why they don't let them all die."

Should a woman, with such thoughts and sentiments, no matter how good a nurse she may be, do tuberculosis work? Can she take with her into the homes of these afflicted people the brightness and

cheerfulness, the ambition and hope that they need?

The country to-day has not a quarter enough nurses working in the homes of the tuberculosis patients, the reason being that there is either not enough money to support a sufficient number of nurses in a city or town, or if the money is there it is going into the pockets of unscrupulous politicians.

As this is the case a nurse should consider the idea seriously and at length before entering the field of work. One poor nurse can undo in a month the work of years.

We want tactful, hopeful, ambitious women to help us in the fight and to become part of that slowly, steadily onward moving wave. Women who will help our poor, discouraged, disheartened people to become also part of the great wave movement by fighting unflinchingly the disease with which they are afflicted.

It really doesn't mean so much to one to be kind and cheerful, if one's heart is in one's work, but perhaps these words of Robert Louis Stevenson, who was himself a tuberculosis patient, will help to aid the nurse who contemplates becoming part of the anti-tuberculosis wave:

"To be honest, to be kind, to earn a little and to spend a little less; to make, upon the whole, a family happier for his presence. To renounce when that shall be necessary, and not to be embittered. To help a few friends, but without capitulation. Above all, on the same given condition, to keep friends with himself. Here is a task for all that a man has of fortitude and delicacy."



More than a Nurse

BERTHA E. MERRILL.

THE oft-repeated question, "Why is a nurse with a thorough hospital training so often incompetent when she first undertakes private work?" may be met in part, at least, by the answer, "Because she is so thoroughly and entirely a nurse."

To be a nurse and no more, be she ever so skillful a one, spells failure in private work. Rarely, indeed, are we called to a case where the demands on our professional skill are all that are made. The large majority make demands on subjects not found in the curriculum of any training school in the world. This is especially true in nervous work, sick children, and in any case where there is a prolonged convalescence. The nurse on a nervous case is confronted by so many conditions not nominated in the bond that it is useless to try to enumerate them. Where a nurse is quarantined with a sick child, no matter how competent, if she has no other requisities, both she and the child will have a sorry time before the quarantine is raised. The patient with a broken bone will need a nurse who can do more than bandage skillfully and give a bath deftly. He may wish she would bandage a little less skillfully and could read aloud agreeably, or had a few interesting ideas concerning new books and plays, or the current topics of the day.

It is not always the nurse who leaves the hospital apparently the most thoroughly trained that makes the best record in private nursing. Sometimes the nurse who occasionally made mistakes, and perhaps found the hospital routine irksome, wins more laurels than her class-

mate with the more orderly wards and concise and comprehensive notes.

Not for an instant would I put a premium on any work not of the best; but to be able to receive and execute the physicians' orders comprehendingly, to give medicines promptly and report effects accurately, is by no means all of private duty. She will find many a case where duty will require her to read aloud many more hours than she spends preparing dainty trays. On the one subject she has been well trained, and if she has a well modulated voice and a distinct enunciation she takes a powerful asset into the sick-room. If she was not so endowed naturally, she will wish she had received a few lessons in voice culture, even though it crowd bacteriology and urinalysis somewhat.

It is as much the nurse's duty to make the tedious hours pass pleasantly, to keep the mind as contented as may be, so that the worries and depression incidental to illness may have little opportunity to get a foothold, as to administer to the bodily needs.

This is where the nurse is thrown upon her own resources, her personality and her achievements, entirely outside her training. This is where the training cramps rather than helps. After spending two or three years within the four (or forty), walls of a hospital and striving with all her physical, mental and perhaps moral force, to accomplish what is expected of her, the ordinarily endowed woman has little time or energy left for things outside those walls.

It is the result of environment, the

natural result, if her range of vision does not extend beyond patients' symptoms and hospitals. She almost unconsciously comes to think of this old world of ours as a world of sickness and weakness, and she is constantly on the lookout for symptoms. Her whole being is saturated with the hospital atmosphere. The interests she had on entering the school have gradually faded and been given secondary place. Her work, her patients, her classmates fill her mind and attention to the exclusion of everything else, and aside from the achievements she brought with her into the school, she is sent out to administer to the wants and whims of a sick world entirely and thoroughly a nurse.

A physician entered a sick-room where an energetic child was confined to his bed. The bed was fantastically draped with daisy chains made from bright colored papers; the walls were decorated with animals of all sizes and descriptions; the nurse and patient were busy with a large family of dolls, most fearfully and wonderfully made. After noting the various forms of amusement evident, the man of science remarked, "It would be a good plan for a nurse to take a short course in kindergarten work before entering the training school." "Yes, it would," agreed the

nurse. "She might also take a course in political economy and domestic science, and if she has grown rusty in history, ancient or modern, or literature, ancient or modern, she had better review them also. In fact, if there is any subject under the sun she can know and not make use of in private duty, I do not know what it is."

The hospital training is the foundation and the walls, and strong and reliable they must be; but it is not all of the wonderful structure she must build. As well as showing strength and power, it must be beautiful and fair to look upon. It must be embellished with dainty minarets of lighter materials, and there must be turrets where a broad view of other fields may be seen, and the sharp corners that must of necessity sometimes inflict pain and discomfort must be well covered with the ivy of sympathy and kindness toward human frailties; and from the dome must wave the pennant of charity—charity that suffereth long and is kind.

An interest in her work to the extent that is a pleasure is imperative, but in order to do the best work in the field of private nursing there must also be room for an interest in

"Ships and shoes and sealing wax,
and cabbages and kings."



Notes on Hospital Surgery

STELLA M. FULLER.

PUPIL nurses who expect to begin operating room work for the first time should be given an opportunity to attend the dressing of wounds, several major operations, and, if possible, have lessons in surgery.

Many a nurse remembers her "first day in the operating room" when she stood around with flaming face, not knowing what was expected of her, afraid she would be asked to do something she knew nothing about.

There are a few points in surgical technique that should be made plain to every young nurse before she is allowed to do any work of this kind.

According to Dr. Brickner, "The essence of asepsis consists in avoiding, so far as possible, contact with all things sterile and unsterile."

That is, do not handle things unnecessarily, simply because they have been sterilized and you are wearing rubber gloves, or on the other hand, do not needlessly handle dirty dressings because you are a-side nurse and not supposed to be sterile.

You do not need to be the head surgical nurse to know the value of clean hands; keep them clean while on duty and make a habit of scrubbing up every evening before going to bed. All nurses should have clean hands, but surgical nurses, particularly, need to keep them in mind. It is easy to make dressings, pans and solutions sterile; any nurse can do that. The thing to do is to keep them sterile. Cultivate a "sterile conscience." Watch every one connected with the operation, even the chief

surgeon, and if you see any break in the technique, say so right away. Remember that every patient puts himself entirely in the hands of the doctors and the nurses. If it is an abdominal operation don't forget the danger of peritonitis, sometimes a result of carelessness on the part of the nurse.

Suppose, when preparing for a dressing or for an operation, that the patient was your nearest relative or your dearest friend. How carefully you would scrub your hands then, and there would be no danger of slackness in making or heating solutions properly. In no walk of life does the Golden Rule apply as it does in nursing. Just put yourself in the patient's place.

During an operation nurses should not speak aloud, not even the head nurse to her side nurses. It is annoying to surgeons and is not customary in any well conducted hospital. This "pleasant silence" is always the result of strict attention on the part of the nurses to every word spoken, every move made, and especially to the head nurse's face. Don't be afraid to look at her. She won't ask you to do anything terribly hard, and if she does the sooner you learn it the better. When asked to bring something don't start after it until you are sure you know what you are after. Time and temper will be saved. Learn as much as you can at every operation and make note of it in a special note book which should be kept for surgery only. Try to wear a pleasant, interested expression, as if you were glad to help and anxious to learn. Always own up if you

have touched anything that was sterile. Be attentive and businesslike. Let the doctors leave the operating room with that feeling of satisfaction which comes from having worked with an intelligent nurse. Make a habit of putting things in the same place at each operation. It makes the work easier for every one concerned. Sterile glass floats containing the name of the solution in the pan are convenient when working with strange doctors. In no two operating rooms are the same methods used, owing to size of operating room, number of nurses available, and, of course, to the different ideas as to the proper way of doing things. However, there are certain duties that fall to the newest nurse in every case. If it is your first day in the actual work of preparing for an operation, you will be asked to dust the table, stands, etc, with some antiseptic solution, wait on sterile nurse, open bundles, etc.; tie gowns for surgeons, put on face pieces and caps, assist in placing patient, arranging blankets, hand alcohol, wait on anæsthetist, etc. The amount of work required of you depends upon the number of side nurses who assist the head nurse. If there are two, as there should be, the work is easy if divided fairly. Remember that attention means good work in any operating room. Anticipate a doctor's wants whenever you can. You may not be able to do so always, but you can get what he wants without waiting for him to ask twice. Don't wait until he asks to have his face wiped—remind him if necessary. Use a cloth wrung out of cold water and wipe hard. Never put a pin in a surgeon's gown. A scratch to him is a serious thing. Have each surgeon's locker marked and keep his surgical clothes ready for use.

Much of the head nurse's success depends on the kind of nurses who work with her or for her. She cannot be with you always to see that you are conscientious in doing dressings, putting away gloves, hypodermic syringes, cautery and other things used in the course of a morning's work. In doing dressings in private rooms and wards, be careful to leave no scraps of cotton or dressings about the bed, table or floor. In large wards where a surgical carriage is used it is easy to take with you all the soiled dressings, etc., as there is a covered pail in the carriage for that purpose. When it is not practical or convenient to use a carriage, dressing trays may be substituted. A large dinner tray can easily be fitted up with everything necessary for an ordinary dressing, and an old newspaper, neatly folded, is handy for refuse. Try to have plenty of sterile gauze, sponges and protective—that is, oiled silk, oiled paper or gutta percha. It is aggravating to a visiting doctor or an interne to have to use small or insufficient dressings. Long gauze rollers, seven or eight yards long and folded so that they are six or eight inches long, are convenient for breast, arm or leg dressings. Study each doctor's likes and hobbies and make your dressings accordingly. He will recommend you as a bright, obliging nurse.

There should be kept on the dressing carriage or tray one or two culture tubes, plugged with cotton. It is not necessary to have anything in them. In handling a test tube, never let the media run to the cotton end. Burn off the outside of the cotton a little with a match so that no bacteria enters the tube when you remove the plug. Never use a medicine dropper to get hydrogen peroxide or cocaine out of a bottle. Pour some into

a sterile medicine glass. If a doctor asks for sterile vaseline do not hand him the jar, but use a sterile forceps and cotton sponge to remove the amount he requires.

It is considered a great error to offer a doctor a hypodermic syringe that won't work. To avoid this mistake have a square granite pan about two inches high to be fitted up as a hypo tray. It should contain: First, two good hypodermic syringes with extra needles and plenty of wires, and be sure to renew the washers when necessary. If the syringe pulls hard, draw into it some castor oil and leave it for a while. When a hypo has been used on a septic case it is better to boil the barrel as well as the needle, but be careful to fill the barrel with water before putting in to boil. Second, box of assorted hypo tablets, box of matches, alcohol lamp or candle for boiling, needle, small roll of absorbent cotton, three short, large-mouthed bottles containing respectively carbolic sal, alcohol and sterile water for cleansing the barrel. Never put the tray away unless you know that everything in it is in perfect condition. If a hypodermic syringe is to be laid down ready for use, stick a piece of adhesive plaster on the barrel and write on it the name of the drug and the size of the dose. Not the least important of your duties during your surgical training is the care of rubber goods, and especially of rubber gloves. There are two reasons for this. They are expensive and should be made to last as long as possible. After using they should be washed, boiled, straightened out and hung up to dry. Next day they should be inflated to test them, turned inside out and again hung up. When dry, powder and put away all the good ones. Those slightly damaged

should be mended and classed as "seconds," the badly torn ones cut up into finger cots, powdered and put away. When you put on a rubber glove be careful not to touch the outside of the glove with the naked hand, even though you have scrubbed the usual number of minutes. When you have reached the dignity of being head nurse in the surgery your responsibilities will have increased considerably. The blame will be yours if there is a shortage in supplies, if the cautery doesn't work, if the transfusion box isn't ready for instant use, if the trocars are rusty or if the operating outfit is out of order. It is a good plan to divide the care of these things among the nurses working in the surgery.

A strong willow basket with wooden partitions and containing articles necessary for pericentesis or aspirating, is a labor-saver, providing the hospital is large where much of this work is done.

It is a good idea to keep an emergency box, with gowns and sterile goods sufficient for a major operation. The surgical nurse who best pleases the surgeon is the one who has (a) Sharp knives, and it will be a feather in your cap if you remember this point. (b) Sharp needles. A few bright, sharp needles of the right kind will gladden the surgeon's heart and be the means of causing him to speak a good word for you. No seamstress would sew a minute with a dull needle. Think how much more important it is to have sharp needles in surgery, where rapidity is so much desired. (c) Good suture material. When threading needles, try each suture to see whether it is strong enough. You can easily learn what kind of sutures each surgeon prefers. Try to hand him the right thing at the right time.

Anatomy and Physiology

The Muscular System

CLARA BARRUS, M.D.

(Continued from February)

THE bulk of what we call "the flesh" is made up of muscular tissue. There are certain other tissues, described more fully in Chapter II., that serve to support and connect the various parts of the body; these are called *connective tissues*; among these are (a) the *white fibrous tissue* which goes to make up the *ligaments*, *tendons* and *sheaths* of the muscles (*fasciae*), the covering of the bones (*periosteum*) and other investing membranes for various parts; (b) *yellow elastic tissue*, which is found in certain ligaments needing the property of elasticity, as in the vocal cords, the inner coats of the blood vessels; (c) *areolar tissue*, which is a filmy network connecting all the parts of the body together, filling up all the tiny spaces between skin and muscles, nerves, glands, and vessels, and all the spaces between the various organs; (d) *adipose or fatty tissue*—found chiefly between the skin and muscles, and in the spaces between the organs. Its distribution is not uniform, and in some parts it is often found in large quantities, as in the abdomen. It helps to maintain the warmth of the body, and is to quite an extent a gauge as to the state of nutrition of the person.

The *muscles* are the *organs of motion*; they clothe the bones and make up largely the contour and weight of the body. It is estimated that 43 per cent. of the weight of the average adult male human being is due to his muscles. There are

more than 400 in the human body; each has its distinct duty to perform. Each is attached to the bone, or to whatever part it is designed to move, either directly or by means of tapering, strong, fibrous bands called *tendons*. When the proper stimulus is applied, the extremities of the muscles are brought nearer together and thus movement of a given part is effected.

The muscles differ greatly in shape and size, being long and short, thick and flat, square, three-cornered, fan-shaped, expanded, and varying from nearly two feet in length, as in the *sartorius* or long muscle of the thigh, to some that are only two lines in length, and which weigh about a grain, as the *stapedius* muscles in the ear.

Muscles are for the most part arranged in sets, so that when one set produces motion in one direction, a corresponding set brings the part moved back into place, and so we get, for example, alternate flexion and extension of an arm or a leg, or, when both sets act equally, and at the same time, we get no motion at all, and the limb is maintained in a fixed position.

Contractility is the property in a muscle that enables it to change its shape and thereby move the part to which it is attached, when acted upon by various forces called *stimuli*. It may be the stimulus of the will that decides one to move his arm, or it may be by means of tapping a tendon, as seen when one tests

the knee jerks—involuntary kicking out of the leg naturally resulting when the tendon over the patella is lightly struck; or muscular activity may be effected by the application of electricity. Muscular contractility is even retained for a few hours after death. After some diseases, cholera, for example, automatic movements have been observed an hour after life was extinct, and in certain cold-blooded animals, such as frogs and turtles, muscular movements have been noted several days after the heads have been cut off.

Muscles cannot remain permanently contracted, they become wearied after a longer or shorter time and require to be relaxed. You can see why we need change of occupation to rest ourselves, why one who uses one set of muscles largely in a given occupation should aim to exercise opposite sets in his hours of relaxation; why one whose work is chiefly sedentary, or sitting, needs walking and more active exercise when not at work; and why one who is on his feet all day needs to take much of his recreation in a sedentary way, or in using chiefly the muscles of the upper extremities.

The difference in strength in different persons is largely due to the degree to which their muscles are used or disused. The primary effect of exercise is on the muscles themselves, making them firm by alternating contraction and relaxation, increasing the flow of blood to them and so building them anew frequently and carrying away the worn-out tissue; but exercise does more than this, because it benefits other parts besides the voluntary muscles; it causes the heart to beat oftener, the lungs to expand better, the skin to act more freely, the digestive processes to be quick-

ened, and so every organ and tissue gets a fuller share of nourishment and a more frequent renewal of fresh and vigorous tissue. Things tend to grow by use and to become useless if we cease to use them. Certain muscles that in the lower animals, who, having more need of them, are strongly developed, in man have degenerated to mere rudimentary structures, serving little or no purpose. An illustration of this is in the muscles just in front of, above and behind the ears. Very few persons have any use or any control of these muscles, but now and then one sees a school boy who makes his companions giggle, when the teacher is not looking, by moving his ears back and forth. In like manner others can move the entire portion of the broad scalp muscle (*occipito frontalis*), though, as a rule, our use of this muscle is confined to the part that enables us to wrinkle our foreheads horizontally, as when we are surprised and astonished, or, to a still greater degree, when we are frightened. This muscle is often seen permanently contracted in certain mentally deteriorated cases—notably those of dementia praecox.

There are many small muscles of the face, so attached to the bones and to the skin underneath as to affect the various movements of the eyebrows, the nose, the lips and the lower jaw. These muscles act in obedience to the will and also to the various emotions that we feel, often with little or no conscious thought on our part. A large part of the actor's training consists in the voluntary control and increased use of the facial muscles. Certain temperaments and certain races have so schooled their facial muscles by a continued repression of action that their faces mirror but feebly what the individual feels, certain other individ-

uals and races let their tell-tale muscles express their feelings at every turn, hence we can read some faces like a book, as we say. Children, as a rule, betray their emotions because they have not learned the control and repression that come with years, and so we find them charming, as we are charmed with all vivacious persons, and with actors, who speak with their bodies as well as with their voices. The insane, by reason of their loss of control, show some of the same traits we see in children and actors, hence their emotions are more easily read in their expression, posture and carriage than in the ordinary individual.

While a certain amount of repression of our facial muscles is desirable and absolutely essential, it is very probable that a more intelligent control and increased activity of these organs as means of expression would tend to enhance one's pleasure as well as effectiveness, since legitimate and intelligent expression gives joy and satisfaction, just as disuse and repression yield negative results, or even actual discontent.

The names of many of these facial muscles are very long and hard to remember—many of them being much longer than the structures themselves; for instance, the little muscle that lifts the upper lip and helps dilate the wing of the nose revels in the lengthy name of *levator labii superioris alaeque nasi*, the one that helps you wink the eye is called the *orbicularis palpebrarum*, the one chiefly concerned in the expression of grief and suffering is the *corrugator supercilii*, while the *zygomaticus major* and *minor* are used when one laughs, and the *depressor anguli oris* is forcibly brought into play when one is "down in the mouth."

By continued use and overactivity of the facial muscles, furrows are formed in the skin in certain parts, and this is how we get what we call an expressive face, in contradistinction to a mask-like face. In certain mental conditions we see overactivity, as in manic phases—the facial movement being very lively and changeable, while in depressed faces the expression denotes dejection and even despair; in deteriorated types it shows indifference and stupidity, while in general paresis a characteristic smoothing out of the skin obliterates all the fine lines of expression and gives the face the blank and soulless look that reveals the dearth of mental and moral activity common to such cases.

Not all the muscles of the face are small; some, such as those used in blowing and especially in mastication, are very powerful. Persons who play on wind instruments a good deal show the full development of the *buccinator muscles*, while the forcible action of the *masseter* and *temporal* muscles, chiefly concerned in the use of the lower jaw, gives a heaviness to the lower part of the face, such as we associate with firm and violent natures with something of bulldog tenacity in their makeups.

There are various groups of *muscles in the neck*; one of the conspicuous muscles, the *sterno-cleido-mastoid*, passes obliquely across the side of the neck, from the mastoid process behind the ear above, to the sternum and clavicle below. This is easily seen when one turns the head. It is the muscle that has to be divided in operations for wry neck. This muscle is very important as a surgical landmark. The common carotid artery and the jugular vein lie in close proximity to it on its inner side.

The *muscles of the tongue*, of the

palate and the *pharynx* and of the *larynx*, as well as those concerned in the various movements of the *neck*, are all beautifully adapted for their respective uses, but it can scarcely serve our purpose here to study them more specifically.

There are five layers of *muscle* in the *back*, the more superficial ones, broad and flat and, with the second layer, admitting of great variety of movement because of their extensive attachments; they are concerned in movements of the head, arms, neck and shoulders, in lifting, in breathing, in climbing and the like. The still deeper layers are even more concerned in moving the ribs and assisting in respiration, in supporting the head and spine and in admitting of the numerous and complicated motions of the head and trunk.

The *chest muscles* act in conjunction with the *diaphragm* in inspiration and expiration. They are so attached that they raise and lower the ribs and enlarge and diminish the chest diameters. The *diaphragm* itself is a thin fan-like muscular partition which arches upwards and separates the thoracic from the abdominal cavity. It has three large openings for the passage of the aorta and the vena cava, and the esophagus and other vessels, ducts and nerves, and several smaller openings. It is in close relation with the pleura and the pericardium above and the peritoneum below. The position of the diaphragm is constantly changing with breathing, and its height is also affected by the amount of distension of stomach and intestines, the size of the liver, the presence of tumors, or of fluid in the abdominal cavity, or

the presence of fluid in the pleural cavity. The diaphragm is called into action in the efforts of sneezing, coughing, laughing, crying, vomiting, hiccoughing, and in all expulsive efforts where deep inspiration is called into play.

The *abdominal muscles* help to form the walls of the abdominal cavity and to protect the contained viscera; they also aid in expiration, in climbing and in various movements of the trunk; they compress the abdominal organs when acting with the diaphragm; they help to empty the rectum and the bladder, and to expel the stomach contents in vomiting, and they aid in expelling the fetus from the womb during labor.

The *muscles of the upper extremity* are numerous. The broad fan-shaped muscle of the front and upper part of the chest (the *large pectoral*), the thick one which forms the cap of the shoulder (*deltoid*) and which raises the arm, the *biceps* or two-headed muscle that forms the prominent swelling on the front of the arm when that member is flexed, and the *triceps*, a three-headed one on the back of the arm which aids in extension, are only a few of these muscles. Others are especially concerned in inspiration, in rotating the humerus, in drawing it forward and backward, in bending and straightening and turning the arm, forearm, wrist and fingers and thumb. Many of the tendons of these muscles can be seen and felt beneath the skin in performing various movements. The groups of *flexors* and those that turn the hand prone are on the front surface of the arms, and the *extensors* and those that turn it supine, are on the back.

(To be continued.)

Editorially Speaking

Political Tactics

IN view of the widespread interest in registration in the United States, and the widespread criticism of the methods of some of the most active promoters of the registration system as we have it in this country, it is interesting to note that one must look to an English publication to find attempts to discredit statements recently published in this connection.

An American nurse has been soliciting for an English journal, letters from nurses serving on Registration boards who are willing to testify that registration has accomplished and is accomplishing wonderful results in the United States. This little political move reminds one very strongly of the man who when arrested, said, with tears in his eyes, "Ask my mother if I am a rogue." Those familiar with the subject will see at a glance that the letters have been solicited from those who have "mothered" the plans and theories of the registration enthusiasts in different States, and who, seeing it from but one point of view, are willing to write letters stating that those plans and theories are an unqualified success. And we know the point of view makes so much difference! One of the letters in the English journal is from a Texas nurse, president of a registration board, with an experience, we believe, of less than a year, who writes that "It has put to rout the correspondence school graduates, and they are not getting the work they did a year ago." In this connection it might be

well to read again the letter published in our March number, from another Texas registered nurse of equal standing, who states "the untrained nurses are cultivating the doctors and getting the work," and who cites the case of at least one correspondence-course nurse who has not "been put to rout" in Texas.

If the correspondence or short-course nurses in general have "been put to rout" by registration, we have yet to learn of it. The great weakness of registration is that it makes no effort to improve the lower grade nurses on whom the mass of the public must depend for care. It may be that the public is not ready yet to have a law applying to all nurses, but registration will never do what it claims to do, namely, "protect the public," until there is some such law. Neither will any law which debars representation to all vitally concerned in its administration be a practical success.

The condition which exists in New York State in which the greatest unrest regarding registration prevails, and in which the management of registration matters are closely kept in the hands of a select few, who can be trusted to act according to the dictates of "the bosses," is opening the eyes of the whole country to the dangers to be avoided in registration matters. And it must be born in mind that the revolt is not against registration but against the "nurse bosses," who have tried by law to secure a measure of control over hospitals, ignoring the people who have brought hospitals into existence, and are carrying

the burden of maintenance. It is a revolt against the "walking delegates" of the nurses' association.

That such is the case, is amply confirmed by the following paragraphs quoted from the first article in this issue, "Private Nurses and Nursing, with Recommendations for their Betterment," by Dr. Thomas E. Satterthwaite, of New York City—a calm and dignified utterance which must carry weight:

"The main fault of the present system is not chargeable to the ordinary graduate nurse, but to a comparatively small number of women, possessed, I am sorry to say, of inordinate ambition, and having improper conceptions of the relative position they hold to physicians on the one hand and to patients on the other. They have injected into nurses' associations ideas that are erroneous and full of danger to the nursing community. Unfortunately, complaisant legislators have been found to frame some of these notions into statutes, while we, as physicians, have failed to recognize the grave consequences of the movement.

"The inference is natural, therefore, that where such registration laws exist the title of R. N. (registered nurse), as now conferred by the State authorities, may be of detriment rather than of advantage to holders of the title."

Registration is an instrument which when properly used can accomplish great good. It already has done some good in some places, but there is no sense in shutting our eyes to its defects or to facts and conditions which are all around us. Registration is here to stay, and the sensible thing would seem to be to quit defending its manifold and plainly manifest defects and try to improve existing laws.

The testimony that has been given on registration questions has come from prominent nurses, the leading medical men of the country and hospital trustees, who are business men of standing. When one waves all these aside, as in

the case of the correspondent to the English journal, and practically says these are all disciples of Ananias, only the testimony I produce is truth, the result is certainly most amusing, but hardly convincing.

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Domestic Nurses and Their Training

FOR a great many years the attitude of professional nurses toward "domestic nurses" has been calculated to remind one of the popular fiction of the proverbial ostrich habit. In legislation the domestic nurses have been as thoroughly ignored as though they were non-existent. In the discussion of nursing matters at conventions they have been left out.

It is refreshing therefore to observe the change of attitude that is taking place, slowly, to be sure, but very perceptibly. We note in the published programme for the year of the Society of Superintendents of Training Schools for Nurses, in one of the large American cities, that one whole session of the society is to be devoted to the presentation and discussion of "The Field of the Caretaker or Domestic Nurse and Where She Shall be Trained." Having admitted that the domestic nurse is here, and that she meets a definite need, the questions as to where she shall be trained, or whether she shall be trained at all, what her training shall consist of, whether she shall be brought under rules and regulations, are certainly worthy of a frank and fair discussion.

It is frankly admitted by physicians that in many of the cases they encounter in family practise the domestic nurse who will adapt herself to the needs of the family, and who will not draw a rigid line around her nursing duties outside of which she will not go, is the in-

dividual who looms up large in the successful or unsuccessful outcome of the case. Shall these workers who seem so necessary be given any encouragement or incentive to secure a degree of training; shall their field be outlined; shall they be recognized in the State's plans for the care of the sick or not, are questions that will certainly press for consideration in the near future.

Of this question Dr. William S. Thomas, of No. 240 West Seventy-first street, New York City, who is surgeon-in-chief of St. Luke's Hospital, O. P. D., writes us as follows:

"The phase of nursing that is of the greatest interest to the doctor is that which relates to the adaptability of the sick nurse to people with moderate incomes.

"The trained nurse, that admirable finished product, has a place in the scheme of medical science which can never be overlooked. She is one of the finest developments of modern civilization, although in some respects she is like the thoroughbred horse, in that while he keeps his lead as a highly developed product, must often be second in general usefulness to the more humble draught horse.

"Not only do physicians practising in the city frequently feel the lack of a body of nurses ready to work in families of the lower middle classes—those who live in the 'push button' apartment district—but the country doctor, who has perhaps no hospital facilities within many miles, feels keenly the need of women who can record temperatures, pulse and respiration; keep the patient clean and comfortably surrounded; prepare a few staple articles of invalid diet; keep rudimentary bedside notes and be ready to meet intelligently the more common sick room emergencies.

"Three years of training are more than are necessary to fulfil the simple requirements and twenty-five to thirty-five dollars a week is more than might be called for by such services.

"The sporadic and feeble efforts to supply trained nurses, domestic nurses, etc., has, as yet, availed but little, even in the larger cities. How to provide for a class of nurses

not necessarily subcalibre, but who have made less of an outlay in time and education than the registered nurse, is the great question.

"Perhaps the best possible start in this direction has been made recently by a coalition of interest and effort between the New York State Medical Society and the City Board of Education. Representatives of these two bodies are planning conferences whose deliberations will carry as much weight as could be found in any possible way, it would seem, in this city, at least. Their recommendations will result in certain training schools prescribing courses for their under-graduates which will result in turning out two classes of nurses."

If the domestic nurse is a necessity—a fact which is almost universally admitted—where shall she be trained and how shall she be kept in the field for which presumably she has qualified? We should be glad to have an expression of opinion through the letter-box on this subject.

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The Dilatory Nurse

FROM time to time we receive complaints from physicians because of the lack of promptness in response to calls they experience when a nurse is needed in an emergency. Many physicians have, because of the dilatory habits of certain nurses and the embarrassment resulting from those habits, refused to have further dealings with nurses of that kind. In one case of which we were told, the physician was engaged on an obstetric case when he was called to attend a case of serious hemorrhage from miscarriage. He succeeded in getting the hemorrhage checked but was unwilling to leave the patient till the nurse who had promised to come arrived. Three hours and a half afterward the nurse put in an appearance at the case, though she lived within two miles of the patient's residence.

This is only one of numerous complaints of this kind that have come to us from physicians. A word to the wise is sufficient.

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Popular Training in Baby Nursing

WHAT is termed by the daily press as "a daring and startling innovation," is attributed to Dr. Edna Day, professor of home economics in the University of Missouri. The innovation is simply that, in addition to lessons and lectures on household economics, Dr. Day proposes to give an elective course on the care and "raising of babies." She declares that the only thing that really makes a household into a home is a baby, and frankly states that to neglect to put such a subject into the curriculum would be to omit the most important branch of instruction in the education of young women.

Evidently the young women students agreed with Dr. Day, for practically the entire class expressed a desire to begin at once. Accordingly, for a beginning,

the class was conducted to a hospital where a demonstration was given. The nurse bathed and dressed a baby while the doctor lectured. The lecture included observations on the temperature of the room and water, the kind of soap, how and how not to use it, the best towels to use and towels to avoid, the kind of clothing desirable, how to avoid skin irritations, etc.

In many cities free lectures are given to all the women who will attend on the proper way to care for their babies.

Then, in addition, a vast amount of instruction is given during the Summer months to the mothers of the poorer districts in cities, on how to keep the babies well. The results from these efforts may be slow, but there will be few who will question the wisdom of Dr. Day's daring innovation in a college curriculum or the need for providing such instruction for the girls of the future, irrespective of their station in life. From the age of dolls every normal girl delights in caring for little ones, and the more that instinct is developed the better.

Resolutions

Resolutions on the death of Miss Katherine O'Connor, member of the Jefferson County Graduate Nurses' Club, and Registrar of Nurses' Central Directory, who died March 15, 1910:

WHEREAS, It has seemed fit to an all-wise Providence to remove our beloved and valued friend, Miss Katherine O'Connor, from the field of her labors, therefore

Be It Resolved that we, the members of the Jefferson County Graduate Nurses' Club regret her loss and feel we have lost one who has aided by her example and personal labor to extend our usefulness. She was most unselfish and untiring in building up the Central

Directory for Nurses, and was ever ready to help and encourage those in her profession who needed it, and we feel that her place can not be easily filled.

Resolved, That we extend our sympathy to Mrs. Brach and her many other friends, and further:

Be It Resolved, That a copy of these resolutions be placed on the minutes of the Association, and that a copy be sent Mrs. Brach and also be published in the nursing magazines and a daily paper.

MISS MARY ALEXANDER,
MISS ELIZABETH ROBERTSON,
MRS. M. M. TELFORD,
Committee.

The Hospital Review

Boston City Hospital.

Boston City Hospital has issued its forty-fifth report, which is an interesting volume of 174 pages. It shows clearly the increasing tendency in recent years to clothe "dry facts" about hospitals in as attractive a garb as possible, and to use the camera to illustrate those facts and add to the interest. The volume contains about twenty full-page photographs, besides drawings and plans of the hospital, which will greatly add to its value to superintendents who are interested especially in hospital construction.

Considerable space is devoted to illustration and description of the new Burnham Building, which was opened last year. It was made possible through the generosity of the late Mr. Lamont Burnham, a former trustee. The lower floor of this building is devoted entirely to the X-ray department. This building makes the forty-fifth building erected on the grounds of the Boston City Hospital.

The measles ward was also completed during the year, at a cost of \$78,838.79. In this ward there are a number of small rooms for two and four patients, and two large wards semi-circular in shape. Terrazzo flooring was used in the construction.

The weekly per capita cost was \$10.86. The cost of uncooked food supplies per patient was 28 cents per day; 8,747 patients were treated. The hospital, in all its departments, contains 1,061 beds.

Tributes of appreciation from the Board of Trustees and the medical staff to the retiring superintendent, Dr. George H. M. Rowe, after thirty years of continuous service as chief executive, are recorded.

In presenting the new Burnham Building to the city the president of the Board of Trustees, Mr. A. Shuman, referred to the work of the medical staff, in part, as follows:

"The Boston City Hospital has established a reputation not excelled by any other for advancement in scientific achievement, for the careful treatment of patients, and for the able and skilful work of its eminent and

faithful staff, both surgical and medical, that has given to the city and the world the benefit of the highest professional knowledge and attainment.

"In this hospital was performed the first operation for oesophagotomy in this country. Dr. Cheever has performed the operation six times in all, and Dr. Gay some four times. Drs. Post, Bradford and Watson have also performed the operation. The ligation of the innominate artery, one of the most difficult operations in surgery, has been successfully performed a certain number of times in the hospital. Dr. Post was the first man to reduce a congenital dislocation in this country, after the manner practiced of late by Professor Lorenz, of Vienna. Dr. Burrell has done noteworthy work in connection with anthrax, malignant pustule, recurrent dislocation of the shoulder and immediate rectification of fracture of the spine."

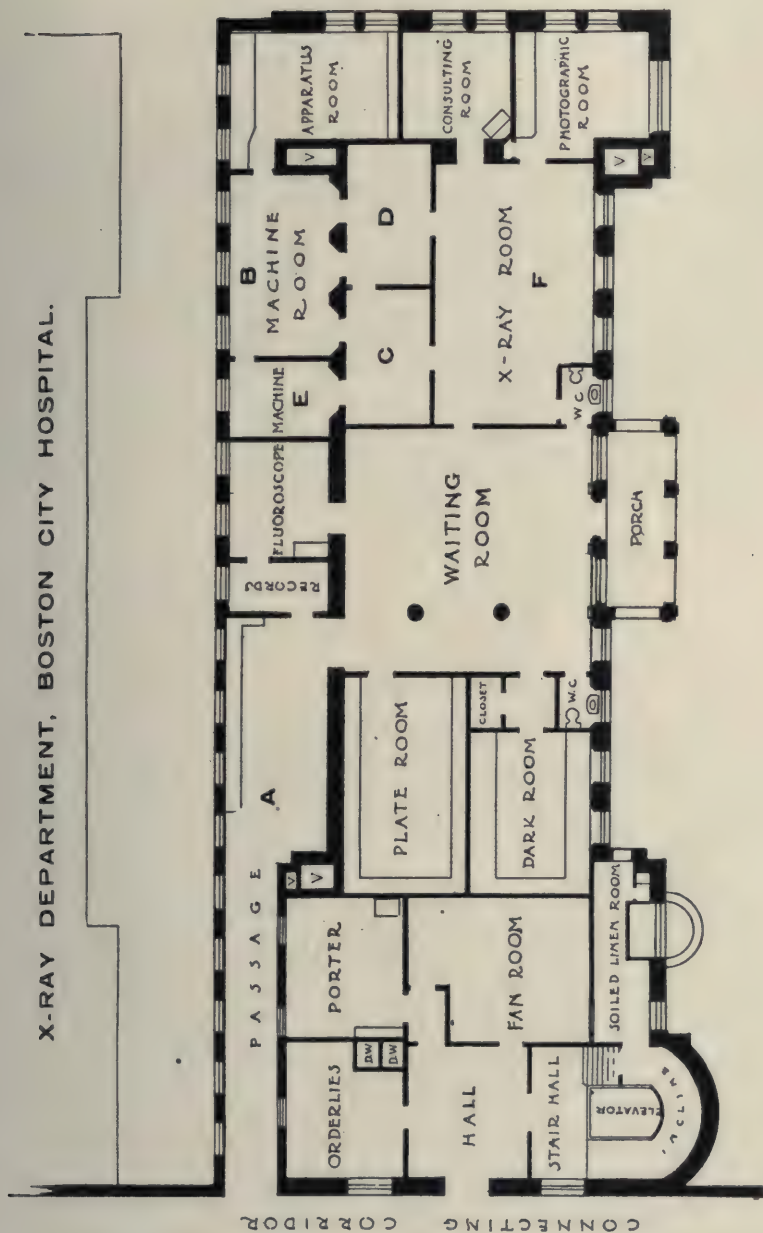
Dr. John H. McCollom succeeds Dr. Rowe as superintendent and medical director.

A full report of the training school is found and makes interesting reading. There were in the school January 31, 1909, 169 nurses. This number includes graduates, pupil nurses and probationers.

The superintendent of the hospital has the general supervision of all matters relating to the school, its course of work and study, lectures and discipline. The superintendent of nurses has the immediate charge of all the nursing in the hospital, of all persons employed in the wards, and also the instruction and management of the nurses.

Probationers are not paid during their first two months, but for the remaining ten months of the first year they receive \$50, for the second year \$100, and for the third year \$150. The school year has no fixed date, but accepted candidates are, as a rule, received in classes beginning every three months. Graduate head nurses who prefer to remain in hospital work, or return after a term of private nursing, are given post-graduate instruction in ward management, hospital house-

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keeping and minor administration, fitting them to fill positions of trust in hospitals or other institutions.

An interesting point is the following: "Nurses will be required to wear boots that will be purchased on prescription of our orthopedic surgeon after coming to the hospital."

A three months' preparatory course is given to probationers under a special instructor.



The Question of Breakage in Hospitals.

MARTHA E. TRENTON.

The question of breakage in hospitals and the disappearance of appliances and utensils is one which is certain to obtrude itself on those who are directly responsible for the good management of hospitals before they have had time to gather much experience. There is no way of evading it, nor, so far as I know, is there a fully satisfactory way to deal with it. To allow it to go on with little or no notice, or attempt to check it and depend on an occasional reprimand to prevent it, is to invite carelessness.

In the kitchen of a small hospital where it is possible to retain some one person whose work will keep her there all the time, and who can be impressed with a feeling of responsibility to carry out a proper system in the management of the dishes or to see that her subordinates do so, the question of breakage, through carelessness, can be largely controlled. For, as most of us soon learn, a considerable part of the loss that comes from breakage occurs in the handling of dishes. Though the process of dish washing is one which every female learns early in life, or thinks she does, it is rare to get a servant who will properly separate and pile the dishes, who will not pack far too many in one place, or who is always careful when pouring hot water over the glasses. I know of a hospital where the same cook has reigned in the kitchen nearly eight years, and another in which the head laundress is in her fourteenth year. In both of those places the loss from breakage is reduced to a minimum. Each naturally watches the hospital property with the eye of a part owner, and the problems of housekeeping are small compared to what they would be with a new queen on the throne

of the kitchen and laundry every few weeks or months.

It is well to keep posted a few rules regarding the question of breakage, though I find exceptions must very often be made.

Should servants be made to pay for breakage? I believe that nurses, as well as servants, should be made to pay for breakage which follows careless management, as from pouring hot water over glasses or piling dishes so high that they slide or fall. When the breakage comes from an unexpected and too speedy drop in the dumbwaiter, or faulty management of the dinner wagon, the breakage had better be overlooked for the first time, and warning given if it would seem to have been preventable.

Our notions of asepsis a few years ago, which led us to load our operating rooms with glass-topped tables, which required frequent and hasty handling and cleaning, was responsible for no small amount of loss through breakage. Since we banished glass tops and glass utensils from our operating rooms and surgical department, and substituted enamelled iron, we have had as good surgery and much less breaking.

In the matter of thermometers our rule is to supply each nurse with a thermometer when she is entrusted with the taking of temperatures. A thermometer for use when rectal temperatures are necessary is supplied to each ward. When the nurse breaks her own thermometer she must provide herself with another, and the nurse on duty is responsible for the rectal thermometer. When they burn up colon tubes or douche nozzles they are required to replace them.

If I were furnishing a hospital again I should never invest a cent in crockery sets for the washstands in patients' rooms. I would have a plentiful supply of the best grade of white enamel ware kept in stock—pitchers, wash bowls and soap dishes—which should be removed from the room when not in use, or when the patient went out—except the soap dish. In fact, I would not have a regulation washstand at all. I saw in a new hospital which I visited a neat little square-topped oak stand, which had underneath it a little cupboard large enough to slip a white enamelled wash basin into, and a soap dish. It took up very little space and answered all the purposes of a bedside table.

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DUTY ROOM, BURNHAM BUILDING.



SOLARIUM, BURNHAM BUILDING, BOSTON CITY HOSPITAL.

In fact, it was the only table in a beautifully furnished room. No place for matches, bits of absorbent cotton; no place which served as a catchall for odds and ends, as the old-fashioned washstand does, was in the plan of that little contrivance whose technical name I have forgotten.

A carefully kept inventory of the appliances that belong in every room is a great help in keeping track of things, in general. It means some extra work to keep it, but it pays. I find also that a periodical plain talk to nurses on the cost of things and their responsibility is a help, but it needs frequent repetition. Much as one may dislike charging for breakages, it seems the only thing that can be done to make an impression on some people.

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Notes and News.

Representatives of the larger hospitals of New York City met at the Roosevelt Hospital and organized the Hospital Bureau of Standards and Supplies.

The bureau will establish immediately a purchasing agency and put in charge of it a trained buyer. It is estimated by Mr. Thorne, treasurer of the Presbyterian Hospital, who organized the purchasing departments of the Union and Southern Pacific railroads, that a saving of from 10 to 20 per cent. will be effected in the purchase of hospital supplies. The committee in charge expects to employ an experienced man who will be able, by direct dealing with the producer, to increase the purchasing power of the hospitals, which has lately been greatly curtailed by the high cost of living.

A whirlwind campaign has been conducted in Buffalo, N. Y., to raise \$150,000 for the new Homeopathic Hospital. A committee of one hundred was appointed to do the work of soliciting. Seven thousand citizens daily were circularized with appeals. Daily advertisements appeared in one of the city dailies showing how the subscriptions came in, and a big clock located near the site of the proposed new building indicated on its dial daily the progress made. The plan seems to have been a great success.

A nurses' home is to be built at the Morristown (Pa.) Hospital at a cost of \$20,000.

The Tri-State Memorial Hospital at Memphis, Tenn., adopted the "whirlwind campaign" to raise \$50,000. The campaign was to last ten days. A committee of fifty was organized into squads of ten, and each squad was in charge of a captain.

Emanuel Hill has offered \$15,000 to the citizens of Rochelle, Ill., for a hospital, providing a similar sum is contributed by the citizens.

An eight-story annex is to be added to Sloane Maternity Hospital, New York.

Mrs. Helen Hartley Jenkins has given \$25,000 to the Society of the Lying-in Hospital, New York, for the purpose of having a special study made regarding puerperal fever. It is stated that twenty-two fatal cases of puerperal sepsis occurred in the hospital during the year ending September 30, 1909. The daily average of patients was 131 mothers and 70 babies.

A press despatch states that since the new system of medical inspection in public schools was begun in Kansas City, Mo., Mercy Hospital for Children has been over-crowded. Dr. Alice A. Graham, the superintendent, is urging the immediate furnishing of the parts of the building not already furnished.

By the will of George Crocker, Columbia University, New York, is to receive \$1,500,000 to carry on research work concerning cancer. Plans are being prepared for a new building for the medical school of this university, which is expected to cost \$3,000,000, and to rival in its completeness the best medical institutions of the world.

A new private hospital, known as the Rector Hospital, has been opened at Bridgeport, Conn. Miss Agnes Wright is the nurse in charge.

Plans have been prepared and work will be rapidly carried forward on the new Peninsula Hospital at Kenton, Oregon.

A new hospital is to be built at South Baltimore, Md.

Washington University at St. Louis will build a maternity hospital to replace the present building.

The Little Sisters of the Poor plan to erect a \$500,000 hospital in Woodhaven, N. Y. It will be known as St. Anthony's Hospital.

The Methodist Hospital at Indianapolis is to be enlarged. The foundation for the new building fund will be subscriptions of \$1,000. One hundred donors of this amount are expected to be found, and when found a ban-

ooo addition to Grace Hospital, Detroit. The addition will include on the ground floor offices and rooms for private patients; the second floor will be devoted to wards, and on the third a modern operating suite will be provided.

It is expected that a large new wing, to be devoted entirely to medical patients, will be added to Harper Hospital, Detroit.

Dr. Charles F. Gilliam, of Columbus, has been chosen to succeed Dr. Stockton as su-



X-RAY APPARATUS, BOSTON CITY HOSPITAL.

quet will be prepared for them. It is believed that \$1,000 a plate is none too much to pay in such a cause.

A memorial hospital is to be erected in the eastern part of Cleveland by the widow and family of the late Rev. Lathrop Cooley. The institution will be in charge of Dr. H. R. Cooley, who for several years was in charge of the city department of charities.

Work is to begin in April on the new \$100,-

perintendent of the Columbus State Hospital, Ohio.

Extensive additions and alterations are being made to the City Hospital, Rochester, N. Y., as a result of a gift of \$400,000 made by Mr. Eastman a year ago. A large part of the hospital is to be reconstructed.

A new hospital with eight rooms for patients has been opened at Ware, Mass. It is under the management of the Ware Visiting Nurse and Hospital Association.

In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS.

The Problem of Graded Instruction in Smaller Training Schools

The best training school instructors of the country are united on at least one point regarding training school management. That point is the absolute necessity of grading the class work in all training schools if thorough work is to be done. Yet to the smaller schools there is, perhaps, no one point which presents greater difficulty than this question of grading. The main difficulty lies in the smallness of the classes when the pupils are divided. In a school of a dozen pupils giving a three-year course the first year class is very likely to have about five or six pupils, the second four, and the third three. In fact, I have learned of numbers of small schools this past year in which the graduating class had dwindled to two members. Those who had started the course had become dissatisfied or had been for other reasons obliged to give up the work.

When a class dwindles down to two members, enthusiasm regarding third year studies wanes or dies, and from the pupils' standpoint it comes to be a case of dragging through the time somehow in order to get a diploma. The class work depends on the superintendent mainly, and she is usually an overburdened woman, much like Martha in that she is "careful and troubled about many things" besides classes. The doctors, of course, are supposed to lecture. They may come when they are expected, and they may not. In any case, the average doctor is very likely to object to spending his instructive efforts on two pupils when there are a dozen in the school. He is going to demand as many of the dozen present at his classes as he can get, whether they happen to be first, second or third year pupils. So it comes to pass that out of deference to the doctor the perplexed superintendent yields and allows the probationers and first year pupils—all the pupils who can be spared—to go to his lectures. She follows the

course of least resistance. The probationers enjoy it and are likely to be puffed up with a sense of their own importance when they are allowed to study side by side with third year pupils. For a time it looks as if the easiest way might be the best way. The classes go on. Everybody feels, perhaps, "as if they are getting something," but the feeling of satisfaction is only "for a time." The first year pupil who is allowed to take the same lectures and classes as the third year pupil is very apt to think she knows a great deal more than she really does because she has had a smattering of a great many subjects and perhaps has passed her examinations on the lectures with better marks than the seniors. The result is that when she is about half through the three-year term she begins to look around for an excuse to leave the school, and many of them find an excuse and do leave. If they don't leave they remain under protest in many cases. Now this is a problem peculiar to the smaller school, for when a school numbers twenty-five to thirty pupils it is possible to have fair-sized classes, maintain a wholesome competition and keep up enthusiasm and interest. Such a school can, if it has a sufficiently varied class of patients, give a systematic graded course and do thorough work in every grade. The small school cannot; at least it is the exceptional small school that has successfully solved the problem of graded courses, if three grades are carried. The difficulties of the small school are still further increased when the State registration law or the rules of the examiners prohibit the pupils from getting extra experience by nursing in private homes before graduation. Whatever else may or may not be said for or against this practice, it broadens the experience and helps to keep up the interest.

Within the past year or two this problem of graded instruction in a small school has

been presented to me over and over and over again. Hundreds of superintendents of the smaller schools are at this moment wrestling with the problem. To all and sundry of these I have but one answer—either cut the course to two years and three or six months or get some form of affiliation that will be satisfactory and worth while. Affiliations that are satisfactory and worth while are impossible under present conditions in a great many cases. Two classes can be carried through systematically and successfully in a small school, but, as a rule, three cannot. With two classes thorough graded work can be done; with three it cannot.

Less than two classes a week for each class will not cover the required ground properly and thoroughly; where, as so often happens, there is but one woman capable of conducting recitations and class work, it is not possible for her to carry on so many classes each week. In fact, I know of several small schools pretending to give a three-year course where the nurse superintendent was too busy or too indifferent to bother with classes at all, and there are pupils now in their third year who have never studied from any text book at all, nor has any text book of nursing been provided even for reference. They have simply all been sent in, or as many as could be spared, to listen to one lecture a week, occasionally two, from the doctors. *Studies* are not required, nor are the pupils subjected to the ordeal of an examination. Yet there is an imposing array of names in the catalogue under the head of "Faculty." They give a three-year course as required by the State law, and are supposed, therefore, to have "high standards." It is hard to locate the blame for this absolute misconception as to what real training is, but it is high time such misconceptions were corrected.

"You know," said a superintendent recently, "the doctors and the board of managers always say it is better for the hospital to give a three-year course, but I don't see how we can grade the course as your committee suggests." We were discussing the report and recommendations of the special committee of the American Hospital Association. It is as absolutely impossible for the small school to follow the three-year course marked out by that committee as it would be for them to take a trip to the North Pole. Where is the

small school of twelve to twenty pupils that can offer three to five months medical work, and three to five months surgical work in the first year; that can give two to four months in nursing sick children in the second year, or two to four months obstetrical work in the third year. In the small school the nurse is very likely to have a little medical nursing, a little surgical and a little obstetrical work in her first month, for classification of patients is impossible. If in addition she is allowed to get third year lectures in the first six months she would be a marvel if she remained contented and interested till the end of three years.

There is no possibility of doing thorough class work without graded classes, and in the average small school two classes are all that can be conducted successfully. Two class periods at least, for each class should be planned for each week of the school year. If you wish to do thorough work restrict pupils absolutely to the foundation studies recommended by the special committee for the first year, and absolutely prohibit their attendance at second-year classes or lectures till their examinations in first-year studies have passed. Then arrange to complete the studies in a year and three or six months and let the class go unless some special affiliation that promises a different class of training and experience is possible. It is gradually coming to be recognized by those who have looked at the problem in all its phases that a confession that the school is not graded is clear proof that thorough systematic work is not done on theoretical lines in that school, and the sooner this view of the case is accepted by all the smaller schools, the better for all concerned.

While the problem of graded instruction is much greater in smaller schools it is equally true that many of the larger schools which should have and could have successfully mastered it, have not done so. In a lecture schedule which came to hand not long ago from a school numbering about sixty nurses, such lectures as diseases of the eye and of the nervous system were announced to be given to "all classes." The time will come when schools which persist in such methods will be called seriously to account, and for the present, at least, such schools stamp themselves as "second grade." The methods pursued by a school have vastly more influence on the training than the number of beds.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS.

Facts, Logic and Right.

To the Editor of The Trained Nurse:

In the November instalment of Miss Aikens' series of articles on registration she writes: "Having had no voice, no representation in the matter, they (the doctors), have retaliated by ignoring the R. N. and discouraging many nurses who might otherwise have registered." Indeed! Surely it would be disastrous to have men so small a calibre as that reveals serving on any board!

Miss Aikens failed to state among her "facts" that out of twenty-three States, including the District of Columbia, which have passed registration laws, one, New Jersey, has no board of nurse examiners; that West Virginia's bill, as first passed by the Legislature, called for a board composed entirely of nurses, and had to be vetoed by the Governor because it conflicted with the State Constitution, which permits only voters to hold public office; that its board is now composed of male physicians; that three States—Iowa, Michigan and Pennsylvania—have mixed boards, made up of nurses and physicians; that all the rest (I believe I am correct in this) have only nurses on their boards. Why did not Miss Aikens give more facts concerning these eighteen boards? Does she mean to imply that in all these States a portion of the physicians have been antagonized because they have no representation on the nurse boards? If not, why not mention the number of States in which such dissatisfaction exists, and likewise the arguments the nurses used to convince the members of the various Legislatures that they had the best of the argument? Surely they would be well worth reporting.

Let us investigate the reasons the doctors have given for claiming representation on our boards, and one of the redeeming features in the discussion has been their willingness to admit that they are not quite sure of their ground, while an odd feature is their blind-

ness to the fact that what they are really advocating is the "law of the jungle."

First—Because nursing is "the lesser medical product." Is it? Since when? What medical men produced Florence Nightingale? And surely the Theodore Fliedner who inaugurated the work of providing trained care for the sick poor of Kaiserworth was a dominie and *not* a doctor. It was these two, the English gentlewoman and the German pastor, who successfully demonstrated to the civilized world its need of trained nurses. Modern nursing owes its origin to them, not to the medical profession, though it has been fostered by the combined efforts of pioneer nurses, physicians, clergy and laity.

Second—Because nurses are largely instructed by medical men. Is that a fact? I am a graduate of a large Eastern hospital which has always been in the forefront regarding the education of its nurses. Not one-third of our training could be attributed in my day to the medical and surgical staff.

Third—Because "nurses are a part of the medical profession." When along with several other probationers I entered the training school one of the very first things impressed upon us was this—that we must disabuse our minds of the idea that we were part of the medical profession; we were separate and distinct; that doctors had objected seriously to having nurses trained because they would make this very mistake and begin diagnosing and prescribing. To-day, when we have become a possible force to be reckoned with, the cry is reversed. "Here, here, we can't allow you to control your affairs, because they are not really yours since you are a part of us, and *we* are the legitimate tiger of this jungle."

Fourth—One Boston physician argues that there is no need of a nurse board in his State because the Medical Board of Registration has "the time, the ability, the plant and the experience" to do the registering of the nurses. Indeed and indeed! Pray, when Arizona at-

tains Statehood is Massachusetts going to step forward and say, "We have the time, the ability, the plant and the experience," which constitutes our right to administer your State, so just hand your affairs over to us."

Fifth—"Either doctors must control nurses or nurses must control doctors." Is that a logical deduction? If it were true that nurses were able to control doctors through their position on nurse boards, then, conversely, it would be possible for doctors on medical boards of registration to control nurses, which I regard as "reductio ad absurdum."

I also take exception to the statement which Miss Aikens calls a "great truth * * * put in a nutshell," because it strikes me as a base insinuation that the nursing profession advocates training ("creating") inferior nurses and foisting them on the public. It is just the other way, as Miss Aikens herself points out. It is the medical profession which winks at such doings and their members who own and operate the short course and correspondence schools, all for their own personal benefit, while nurses, on the other hand, are carrying their beneficent help into many departments of the world's work and doing a great deal, too, towards bettering the quality of that work.

For twenty-five years doctors in their addresses to nurses have enlarged upon the mistakes, the failings, the lack of tact of nurses. Now, when the nurses themselves are trying to adopt such measures as will go a long way towards removing the grounds for such complaints, the doctors—not all, I am glad to say—turn right around and accuse them of being exclusive and trying to limit the supply for mercenary reasons!

I think Miss Aikens has by far the best of it when it comes to the high educational standard. The idea that this advanced general education is essential would be all right if the lack of it indicated ignorance and undevelopment, but our civilization is so complex that women with but little more than the primary schooling are educated and developed along many lines which form an excellent foundation for nurse training. What I consider the main requisite is a conscientious body of superintendents, specially trained for their work and capable of wise discernment of character and ability.

Miss Aikens points out the two chief sources of our professional troubles, namely, the general ignorance among private duty nurses of affairs connected with the nursing world and the harm done by unscrupulous nurses getting control.

We certainly need to devise some method which will do for the busy nurse what the "grapevine telegraph" once did for the Southern people. As for the bosses, we will say for the sake of argument that there are 30,000 nurses in the United States and two hundred of them have earned the title of bosses by really stealing the rights of the others. Because they have erred is it going to mend matters to disfranchise the other 29,800 innocent nurses? In suggesting that doctors should have control, I believe Miss Aikens has made as serious a mistake as the advocates of higher education have in their way. As the trained nurse puts it, we need "the sympathy and support" of the medical profession, and also among the nurses themselves, and between nurses and doctors a spirit of fellowship and not of mastery.

AN EX-EXAMINER.

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A Reply.

To the Editor of The Trained Nurse:

In your February issue you printed my paper on the "Avoidance of Reinfection in Pulmonary Tuberculosis." In that paper I made the statement that a patient apparently cured should not frequent crowded places, such as theatres and concert halls.

You state editorially that you believe I should have added churches. I beg to reply to your editorial and I will say that at first I thought churches should be included, but I submitted my paper to Dr. Lucy A. Bannaster for approval, and Dr. Bannaster pointed out why I was wrong. In the first place the patient at best would only attend church once a week, and then the time spent there would be only one-half to three-quarters of an hour. Church service is usually held in the morning, but even when held in the evening the services begin early and end early, so that a patient attending church even at night could be home and in bed by 9:30. Now if he goes to a theatre or concert hall he goes, as a rule, at night and remains indoors for two or two and a half hours, and does not get to bed until 12 or 12:30. He is tempted to go oftener

than once a week, and in this way he is losing his regular hours of rest, thereby lowering his fighting qualities against disease.

I quote the following from Dr. L. Fleck's book, "Consumption a Curable and Preventable Disease":

"In *churches and public halls* contact with consumptives always is brief. People do not remain in such places long and they visit them only at intervals.

"Exposure to a consumptive in a *church or public hall* for half an hour to two hours could not give rise to an implantation, even in the most susceptible persons. The element of time would be wanting.

"Even if the consumptive were ever so unclean and unmannerly and the *sanitation* of the *church or hall* were ever so *bad*, the shortness of time would not permit of an implantation. It would be like an under exposure in photography—it would not develop.

"The only persons who really are likely to get tuberculosis in a *church or public hall* are janitors and cleaners. Tubercular matter which has been deposited on the floor is stirred up by them and inhaled while cleaning."

It will be seen from the above that a patient may attend church with little or no fear of being reinfected, no matter how badly the church may be ventilated.

THOMAS E. UNIKER, R.N.

Saranac Lake, N. Y.

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The Training School Superintendent.

To the Editor of The Trained Nurse:

I have been greatly interested in the discussion as to whether the hospital training school superintendent can be trusted to select applicants for the training school, and in the question as to the amount of education that should be required. It seems to me that if the training school superintendent can be trusted at all with the responsibilities of the practical care of the patients she will have to be trusted with the responsibility of choosing nurses. I have known of cases where the board of managers attempted to limit her authority in the matter of choosing nurses, and demanded that no one be allowed to enter the school, even on probation, till they had considered the case and approved. Every hospital where

this has been tried (that I know of) the work has been handicapped and the practical nursing was below par. When the handicap exists in the form of a law or a standard which it is impossible to reach, the results are the same. You cannot make "bricks without straw," and you cannot nurse the sick without nurses to do it.

I have made a good deal of inquiry at conventions and where I have visited as to whether those asked were finding it possible to secure enough high school pupils or graduates to keep up the working force needed. I have yet to meet one superintendent who was able to do it, though a great many had a majority of nurses who had had the required amount of education. But they all had some nurses who had only a grammar school education, and every one will tell that so far as practical work was concerned they did fully as well as if they had gone to school a year or two longer. Many of them do better work than many high school graduates. I believe in education—I take the very best educated girls I can find as nurses—but when one has nine vacancies to fill and receives only three applications from girls who have had high school training, what is one to do?

Our beds are filled almost as fast as they are emptied. We often have one patient waiting till we get the other one dressed and ready to give up the room. What are we to do if we are not allowed to select the best we can get from the whole list of applicants? What can we do? Would these higher education advocates be glad to see us close our doors or our wards until such time as the high school girls chose to apply? One trouble is that we cannot admit a girl till she is twenty or twenty-one. The girl graduates from the high school at eighteen or before, and finding the hospital doors closed takes up some other occupation at once to become self-supporting as soon as possible. In this way we are handicapped all around. Some of the very best nurses I have now or ever had have been country girls who had never gone beyond the district school. But they knew how to work and study. They were healthy and reliable and ambitious. If we cannot take these, and cannot get enough high school girls, please tell us what we can do.

M. G. H.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

Massachusetts.*

MR. RICHARD CABOT: I have been reading this report and am very much delighted with it. It seems a very long step towards the accomplishment of the object towards which this association has aimed. Not that I think this association deserves any credit for this, but because our aim is the aim of the association and is more forwarded by this report than anything that has happened for a long time. Just the classification of hospitals—the isolated small hospitals, the small hospitals near to or in affiliation with large general hospitals, the special hospitals, and the large general hospitals—that very classification which it seems to me is bound to spread, bound to be found useful, is a great thing to have accomplished.

It should have been made on the basis of patients per year, however, and not number of beds. I know of some hospitals which would be listed under this classification as large hospitals—one hundred beds—which received not more than a third as many patients in the course of a year as some hospitals with fewer beds. It isn't a question of beds, but of the number of patients per bed.

But further than that, which is only a small carping criticism, I think the general classification of hospitals here suggested is a very important thing.

Also the question of the hospital curriculum. We all know how many things that are called training schools don't deserve the name and I can't help thinking that this will have great influence.

Then the limitation of hours—sixty-three hours a week seems to be a long step in the right direction, although I suppose it is not nearly as far as we shall be going. I under-

stand the Massachusetts General Hospital hopes to get down to forty-eight hours.

It seems to me a nurse should keep more in touch with outside life, that she should be able to go home and keep her friends. This is impossible with the scheme of hours imposed by our hospitals now.

The suggestion about the affiliation of hospitals is very helpful, and ought to help solve the problem of the difficulty of the supply of nurses.

I wonder if it isn't true that the Massachusetts General Hospital was the first hospital to adopt the system of paying medical instructors, as suggested in this report. That move, when first made, was of great interest to me. I always felt that in the long run good teaching is paid teaching, and that the kind of teaching that I used to do—and the kind that was done by all of us—never amounted to much. At the time when I first became interested in the Massachusetts General Hospital Training School the superintendent of nurses had no paid assistants. She depended upon the head nurse for any instruction that was given. Miss Brown, the superintendent of nurses in my time, was the only paid teacher attached to the training school. Contrast that with the present day! With the number of teachers and superintendents! It seems to me to mark the distance we have traveled.

The age limit—21 to 35, as it is set down here—seems to me too hard and fast. If we are to be elastic—as this report recommends, and rightly—in relation to the admission requirements, if we are to say a high school education or its equivalent, it seems to me that we ought to make a corresponding remark about the age, 21 to 35 or its equivalent. Whether we can adopt Dr. Rich's ideas of age to be determined by the bones of the wrist rather than by the number of years above ground, or any other corresponding

*The continuation of the report of the tenth semi-annual meeting of the New England Association for the Education of Nurses. The subject under discussion being the training school report of the Hospital Association.

test, I don't know, but I should be sorry if the general impression were that no young woman under 21 or over 35 could be admitted to train in any hospital in the United States. If this report obtained the support and the following that it ought to obtain throughout the hospitals of the United States, it seems that it would be too hard and fast, although I believe, as I think we all do, that those are the proper ages as a general thing.

It is a splendid thing, I think, and perhaps the most important, to have brought the members of the committee to have agreed upon a curriculum. Of course adequately to study such a curriculum would take much more time than I have been able to give, and more knowledge of the details of nursing than I have; but as I looked this curriculum through, it seemed to me very satisfactory. Of course no two people who are interested in nursing would agree exactly, and I presume the items I differ from are such as others might especially approve. I was sorry to notice that nurses are to learn how to make pneumonia jackets. I had supposed that there was now no call for pneumonia jackets, but I suppose there must be still those who desire pneumonia jackets, and if there are then of course they must be made. Then I was sorry to see that a full sponge bath is given to decrease temperature. I think the full sponge bath is a very useful thing, but a full sponge bath is often at its best when it does not reduce temperature but promotes appetite and sleep without reducing temperature. Not very long ago I had occasion to tell a nurse, "Won't you give that patient a starch enema." "What kind of an enema?" said the nurse. I explained to her what I meant, and that nurse didn't know that there was any such thing!

Of course you recognize these little things are not at all important and don't militate against the value of this curriculum as it is laid down.

On page 20 of the report there is a suggestion of lectures on subjects allied to nursing for which seven to fourteen hours are recommended—industrial and living conditions, tuberculosis, milk and food supply, local charitable resources, social service work, settlements, visiting nurse work, school nursing, preventive work of Board of Health, the nurse's obligations to her school, and current

topics related to nursing. All of these things I am personally interested in, but I am in doubt as to whether this amount of consideration of these subjects is likely to prove worth while. I should be very sorry if any nurse who had had seven to fourteen hours on those subjects should be graduated as a nurse who was supposed to have had some training, for instance, in social service work.

The only other thing that came to my mind as I read this report—and it is a matter which I think needs to be considered from time to time, whenever we are considering the subject of teaching, whoever is being taught, whatever is the subject of the teaching—is the teacher. That is the thing which makes 75 per cent of the difference; it isn't the curriculum, or anything that can be set down on paper, but it is the personality of the teacher. I don't know where that seems more important than in the training school. I believe the best training schools to be those in which the nurse comes in the closest contact either with nurses or physicians that they will admire in future years. I was talking with Professor Hausman of the Harvard Medical School about some of our classes in the Medical School, and we agreed that the fundamental trouble with most of the teachers was that they didn't really love human beings, and he agreed with me—or, rather, I agreed with him—that the first essential for a person who was to be a teacher of anything is that he should really love individual human beings and desire to communicate knowledge as a means for the expression of his affection.

Of course that, as I say, has nothing to do with the report of this committee, only I think those who are interested, as they must be, in the mechanics and machinery of these things, must not be too hopeful of what we can accomplish, even by the most perfect system, unless the man behind the gun, the human being behind the teaching, is such as we all can look up to.

DR. PALMER: Can't Miss Ayer give us a point or two?

MISS AYER: There was one point in the report of the committee that I thought might possibly provoke some discussion. We have not considered the interests of the school apart from the hospital. At the same time the committee recognizes that the training

school is an integral part of and subordinate to the hospital. As I happened to have my training in a school which was a separate organization from the hospital, I feel that perhaps sometimes there are advantages which accrue to the training school from the fact of its being a separate organization and not being a part of or subordinate to the hospital. I know there are not very many such schools, but I feel that there are some advantages in a school which is not subordinate to the hospital. I realize that it complicates the administration of the hospital and of the training school. It is not as simple a matter as it is to have the hospital and training school incorporated together and have them working presumably under one form of government, but I think there are many advantages that accrue to the training school. They are mutually dependent on each other, and still the hospital is quite as dependent upon the training school as the training school is on the hospital. And there are certain things that can be checked and better regulated from the fact that one organization is independent of the other.

DR. PALMER: Very glad, indeed, to have Miss Ayer make that point, because I am a thorough believer in separate organization. I feel humiliated to have to say, in regard to the school that I represent, that we were bought up. On condition that the school would become a part of the hospital and forfeit its charter, we got \$40,000, and I wasn't strong enough to stem the current, and we became a part of the hospital, but with this proviso written into the agreement—that all things pertaining to the school should remain in the hands of the faculty, so that we come pretty near being separate.

The question has been handed to me, "What is the present greatest need to promote the efficiency of training schools?" Now, I don't know of any one who, in my judgment, has made any more study of the needs of the training schools, and has worked any harder for them, than the next speaker, Dr. Worcester, of Waltham.

DR. WORCESTER: I confess to be rather flabbergasted by the question. It seems to me to cover about everything.

(To be continued.)

The Instructive District Nursing Association of Boston is publishing its twenty-fourth annual report. Its work is so widespread and comprehensive that it is no easy matter to reduce the report to a small, light pamphlet that can be mailed for two cents postage.

We are told that no one reads reports in any case; therefore a summary of the work may not come amiss to a busy but kindly public. During the past year three new branches of work have been tried. For three Summer months, while the Floating Hospital took sick children out daily, the district nurses followed up the cases by evening visits, to assure themselves that the treatment prescribed on the Hospital boat was being carried out. There was great need of oversight and instruction. The children were often being fed on such things as pink lemonade and watermelon rind, after a careful diet of barley water all day. The Metropolitan Life Insurance Company applied for nurses, in August, to care for its industrial policyholders. This has opened up a large field of work. Calls sent to headquarters are distributed to the nurses according to locality, and the work has necessitated an increased number of nurses. The third new undertaking, which is only temporary and experimental so far, is the care of contagious cases. One nurse has been given the scarlet fever cases reported by the Board of Health, another the diphtheria cases. Each nurse has visited and cared for patients who had not been sent to the hospitals, has seen to the proper isolation, the fumigation and has watched for cases of infection.

It is hoped that the importance of this work may convince the city that money should be appropriated for the support of such nurses in connection with the Board of Health.

There are at present forty-one nurses employed by the Association, besides the superintendents. Thirty nurses have graduated from the training school of the Association during the past year. During the three months' course the nurses live in the house with the superintendent and her assistant. They make their first visits to a patient with one of the superintendents, or an older nurse, who supervises their work. Twice a day, after lunch and dinner, they report on the cases. Special emphasis is laid on the social

side of the work, the ways and means of helping poor families are discussed and the nurses are taught to be resourceful and to fit themselves to meet the problems in tenement houses with tact and judgment.

At present there are thirteen taking the course; nine are graduates of recognized training schools, four are senior nurses of general hospitals who are allowed to take three months in district nursing as part of their training. Board, lodging and instruction are given them in return for their nursing services.

The general work may be roughly divided into four classes:

I. The dispensary cases, patients who report to the Boston Dispensary for a doctor, and to whom the Instructive District Nursing Association furnishes the nurse. Twelve nurses work in the fifteen districts into which the city is divided and are assisted by extra nurses when needful. Also some five or six volunteers are kept busy taking children to have eyes, lungs and throats examined. These volunteers are very ready and willing, and save much valuable time to the nurse.

II. In connection with the Boston Lying-In Hospital there are six nurses visiting and instructing, making preparatory visits, and giving after care. Cases from private physicians are divided among all the nurses, and are assigned to them by the superintendent according to the amount of work on hand.

III. Factories and kindergartens have a certain number of visits from the nurses daily.

IV. One nurse gives all of her time to tuberculosis work, following up the cases of the Boston Dispensary Clinic.

The nurses have made 96,888 visits to 9,101 patients during the year. Recently the "School for Social Workers" has arranged a course of lectures for nurses, and the Association is sending its head-workers and four nurses to attend these conferences, in order to arouse the spirit of co-operation and interest in the social side of the work.

At the Annual meeting of the Instructive District Nursing Association, of Boston, a new method of interesting the audience was tried.

After the usual business had been transacted there were stereopticon pictures of var-

ious cases being treated by the district nurse, and one of the nurses gave a short account of the facts in each case as the picture was shown. This proved to be a vivid and convincing method of bringing the needs of the sick poor to the attention of the public.

The meeting was well attended. Besides the officers, managers and nurses of the Association, there were about a hundred interested persons who came in response to special invitations.

The House Committee on Public Health has reported the bill for Registration of Nurses.

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Connecticut.

The monthly meeting of the Alumnae Association of the Connecticut Training School for Nurses was held March 3. There were fifteen members present. After the minutes of last meeting were read and accepted, two new members were elected: Miss Connor and Miss Elizabeth Bigelow. Miss Kathryn Quinn was transferred from passive to active membership. By unanimous vote, Miss Rose M. Heavrin, Miss Margaret M. Stack and Miss Julia T. Cowan were chosen delegates to the Associate Alumnae Association of the United States, to be held in New York, May 18, 19, 20. Alternates: Mrs. E. B. Lockwood, Miss Julia Mulcahey, Mrs. M. Ivers Burwell. The meeting was adjourned to April 1, at which time the nominating committee to nominate the officers for the ensuing year will be appointed. Afterward a social half-hour was enjoyed, at which refreshments were served by the officers.

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New York.

There was an attendance of more than one hundred guests and former graduates of the St. John's Hospital Training School, Brooklyn, at an informal reception, dance and luncheon given at the hospital February 22. The affair was in recognition of the tenth anniversary of the organization of the school.

There were many compliments for Miss Caroline Marques, the head of the school, who ten years ago, coming from St. Vincent's Hospital, in Manhattan, undertook the work of establishing the school. She has been the head of the school ever since and has had marked success.

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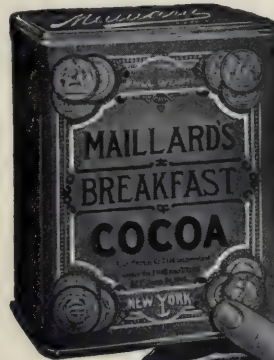
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When you write Advertisers, please mention THE TRAINED NURSE.

During the ten years of the school there have been graduated forty-five young women. Many of these returned to the institution last night to meet Miss Marques and the sisters who are in charge of the hospital and to renew acquaintances.

There was an informal dance, which was followed by a luncheon.

Fifty young women were graduated from the Mount Sinai Training School for Nurses, Madison avenue and One Hundred and First street, New York City, March 2. Dr. Nathan E. Brill, chairman of the Medical Board Training School, distributed the Murry Gugenheim scholarships to Katherine Diver, Edith M. Weeks and Magdalena H. Kluge of the graduation class and to three members of the class of 1911 and to six members of the class of 1912. Dr. Brill also awarded the Betty Loeb prize to Grace Patterson and Margaret L. Marran, both members of the graduating class.

The German Hospital Nurses' Aid Society was incorporated yesterday with the approval of Justice Platzek, of the Supreme Court. The purpose of the association is to aid nurses, particularly graduates and undergraduates of the Training School of the German Hospital.

The Nurses' Association of Buffalo held the regular monthly meeting at the Woman's Union, March 7, at 3 o'clock. Miss McIntosh presented a paper on "Nursing the Human Plant." The discussion was led by Miss Crary. Question box was in charge of Miss Margaret Lee. At the close of the meeting refreshments were served.

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New Jersey.

Commencement exercises of the senior class of the Hackensack Hospital Training School were held this evening at Oritani Hall, when a large throng of friends greeted the six graduates. Mr. H. Myers Bogert presided at the exercises, and Mr. A. V. Moore, president of the Board of Governors, presented the diplomas.

Dr. Edward L. Keyes, Jr., of New York, made the address to the nurses. Will Carleton, the author, wrote a poem for the occasion, which was listened to with more than usual interest. Miss Anne Brohel, a popular local

soprano, sang "Sweetest Flower That Blows" and "I Know a Lovely Garden."

Those receiving diplomas were: Florence A. Cuttingham, Viola Poole Berenice Kemp Lousley, Marguerite H. McDermott, Kathryn L. MacLeod, Frances Murin. Following the exercises refreshments were served by the Nurses' Aid Committee. The remainder of the evening was spent in dancing.

On Wednesday, February 2, the Nurses' Alumnae, of the Hackensack Hospital, gave a dinner in honor of the graduating class, at the Wainer. Miss Emma F. Crum, president of the Alumnae, welcomed the class.

Mrs. A. A. Swayze and Mrs. D. St. John were the committee in charge.

The officers of the alumnae are Miss Emma F. Crum, President; Mrs. D. St. John, vice-president; Miss Marguerite Musselman, secretary; Miss Kathryn Schreck, assistant secretary; Miss Mary J. Stone, treasurer.

The Graduate Nurses' Club of Montclair was granted a certificate of incorporation by the County Clerk, March 2. The object of the club is to provide a permanent home for the nurses of Montclair and also to promote good feeling among them, as well as to promote the usefulness, honor and interests of the nursing profession. The trustees for the first year are Ella A. Derrick, Elizabeth Mains and May M. Miller.

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Pennsylvania.

The Pennsylvania State Board of Examiners for Registration of Nurses, at its recent meetings, has granted registration to 316 additional nurses.

The curriculum has been perfected and will be mailed to the different training schools in the very near future. Its adoption by June 1, 1910, will enable graduates, after June 1, 1912, eligible for examination and registration.

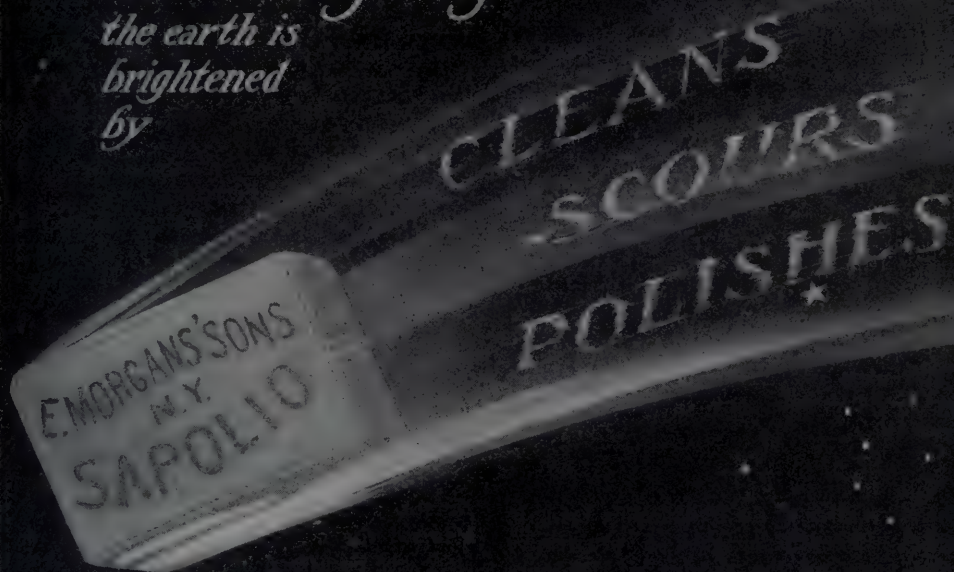
The board desires to acquaint the nursing and medical professions and the public with the fact that this board is the only *Registration* board *legalized* by the State Legislature.

The board will hold a public meeting in Pittsburg, April 21.

The list of those granted registration follows:

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in seventy-five years*

But Every Day
*the earth is
brightened
by*



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Halley's comet, with its millions of miles of tail, is sweeping into view in the evening sky on its seventy-five-year trip. Already astronomers have announced its appearance on time, and in April it will be visible to the naked eye. In May it approaches within a few million miles of the earth. It is named after Edmund Halley (1656-1742), who determined its orbit, a new and remarkable accomplishment for that time, risking his reputation with posterity by prophesying its return in seventy-five years.

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McKeesport	5	Maryland	5
Oil City	3	New Jersey	13
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Pittsburg	20	New York.....	7
Punxsutawney...	3		

The Pennsylvania State Board of Examiners for the Registration of Nurses will hold a meeting in the Chamber of Commerce, Keenan Building, Pittsburg, Pa., on April 21. There will be an afternoon and evening session.

Both sessions are open to those interested, but the afternoon will be utilized especially by nurses and their friends, while a great portion of the evening will be used by members of the medical profession and others interested in educational matters.

The object of this meeting is to bring before the nursing and medical professions the future work of the Board of Examiners and to hear discussions upon all such questions as will be of vital import in the rules to be established by the Board in its dealings with the nurses and nursing questions.

Many prominent speakers have been secured but this must not deter any person present from speaking upon any subject that may interest them.

The nurse class of the Philadelphia Lying-in Hospital, Philadelphia, gave a progressive novelty party on the evening of February 4, 1910 at 8 o'clock, at the hospital. It was for the benefit of the piano fund, to buy a piano for the nurses' home, which has just been finished. After the games were played and prizes awarded there was a dance in the lecture room. Music for the occasion being furnished by Mr. Frank Smith, violinist; Mr. Frederick Baker, clarionetist, and Miss Hallawell. There was a large attendance and every one seemed to enjoy a very pleasant evening. Coffee and sandwiches were served.

The Philadelphia Lying-in Charity Hospital

Training School Alumnae held its annual meeting on Thursday, January 6, when the following officers were elected for the ensuing year (1910):

President, Miss Miriam Wright; first vice-president, Miss Caughey; second vice-president, Miss E. Watts; recording secretary, Miss Adele Miconi; corresponding secretary, Miss Lillian Ernest; treasurer, Mrs. Welz.

The regular monthly meeting of the Alumnae Association of the State Hospital Training School for Nurses, was held at the State Hospital, Scranton, Thursday, March 10, 1910. Mrs. Coppinger, acting as president, called the meeting to order at 3:30 P. M. There were ten members present. Minutes of last meeting were read and approved. Treasurer was absent and sent no report. Miss Tighe was appointed treasurer pro tem. Name of Miss Charlotte Anderson, member of Class of 1910, was proposed and she was taken into full membership.

A letter from the Graduate Nurses' Association was read by Secretary.

Motion made by Miss Gamewell, seconded by Miss Herman, that report of monthly meeting be sent to "Bulletin." Receipts of meeting, \$36.

No further business, meeting adjourned to meet second Thursday in April.

Maryland.

The Maryland State Association of Graduate Nurses, at its annual meeting in February, indorsed the municipal bill for woman suffrage, the pure food bill and the bill prohibiting the white slave traffic.

Mrs. William M. Ellicott, president of the Equal Suffrage League, addressed the association. Dr. Nathan R. Gorter also appeared before the association and explained the pure food and drug bill which is now before the Legislature. He emphasized the need of such a law, and called upon the nurses to give their influence in securing the passage of the commission bill. He also declared that any amendment to the bill would be opposed, and if any were added that injured the effectiveness of the measure the Medical and Surgical Faculty would have their bill introduced



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When you write Advertisers, please mention THE TRAINED NURSE.

and call upon the medical fraternity of the State to work for its passage.

An address upon the reorganization of the National Red Cross was made by Miss Jane A. Delano, of New York, president of the Nurses' Associated Alumnae. She advocated a close alliance between the Red Cross and the nurses of the United States, and called upon the nurses to register with the Red Cross.

Miss Mary Bailey, of the Johns Hopkins Alumnae, read a paper on "The Responsibility of Nurses in the Treatment of Disease by Diet." Miss Mary E. Gent presided at the session.

The following officers were elected for the ensuing year: Honorary president, Miss M. Adeline Nutting; president, Miss Georgina C. Ross; first vice president, Miss Nettie L. Flanagan; second vice president, Miss Elizabeth G. Price; secretary, Miss Sarah F. Martin, and treasurer, Miss Nannie J. Lackland.

The woman suffrage bill indorsed by the nurses' association was lost.

Miss Georgina C. Ross, superintendent of nurses at the Johns Hopkins Hospital, is a patient in an institution outside of the city, suffering, it is said, from a serious nervous collapse, due, it is reported, to overwork in the performance of her duties at the hospital.

Miss Ross has been superintendent of nurses for several years, having succeeded Miss M. Adelaide Nutting. Her connection with the hospital dates back nearly twenty years, she having taken up the work of a trained nurse there immediately after her graduation from the Johns Hopkins Training School for Nurses.

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District of Columbia.

The Nurses Examining Board of the District of Columbia will hold examinations of applicants for registration May 4 and 5. Apply to Secretary Katherine Douglas, No. 320 East Capitol street, for particulars.

+

Changes in the Navy Nurse Corps Since January 1, 1910.

APPOINTMENTS:

Mary T. O'Connor, January 24. Graduate of Brooklyn Hospital Training School, Brooklyn, N. Y. One year head nurse and one year in charge of operating room at same hospital.

Louise M. Pitz, February 9. Graduate of Willard Hospital Training School, Chicago, Ill. Head nurse in same hospital. Late superintendent of Greeley Hospital, Greeley, Colorado.

TRANSFERS:

Anna G. Davis, February 2. From the Naval Medical School Hospital, Washington, D. C., to the U. S. Naval Hospital, Brooklyn, N. Y.

Margaret D. Murray, February 10, from Naval Hospital, Annapolis, Md., to the Naval Medical School Hospital, Washington, D. C.

Alice M. Annette, February 12, and Martha Hamlin, March 9. From the Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Annapolis, Md.

ESTHER V. HASSON,

Superintendent Nurse Corps, U. S. N.

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Ohio.

The following resolutions have been transmitted to Miss Simms, who recently resigned as superintendent of the Youngstown hospital, by a committee appointed for that purpose:

Resolutions of the committee appointed by the board of trustees of the Youngstown Hospital Association, January 31, 1910:

Whereas, Miss Sarah A. Simms has occupied the position of superintendent of the hospital of the Youngstown Hospital Association for a period of about twenty-two years, and has served in this capacity with great fidelity;

Whereas, she has performed all the offices of her position with great credit to herself, showing by her unremitting attention to her duties, a great love and interest in the work of this association, and contributing, as she has, so much to its usefulness and success, and,

Whereas, She has voluntarily resigned from her position of trust and responsibility, now,

Be it resolved, by the board of trustees of the Youngstown Hospital Association, that in accepting her resignation it is done with unanimous regret, not only by the trustees of the hospital, but by all others associated with her.

Be it further resolved, that it is the sense of the board of trustees that it takes this opportunity to express to her its fullest appreciation of her long years of faithful service,

"Calories" and "Food-Units"

The tendency among many is to use the above terms as synonymous. This is misleading in estimating the *full* value of a food.

"Calorie" means "heat"-unit, and only expresses the amount of heat a certain food will produce when fully oxidized (or burned) in a calorimeter. (See standard text-books on Food and Dietetics, etc.)

Of greater importance is the metabolism of proteids, and potassium phosphate for example, into tissue-cells. While the combustion of carbohydrates *and* proteids produces heat—"calories," the metabolizing of the *nitrogenous* bodies into tissue is not to be fully measured by *Calories*, and this term does not represent a "food-unit" but only a "heat-unit."

Of far greater importance in considering any food is

The Amount The System will Absorb.

Grape-Nuts

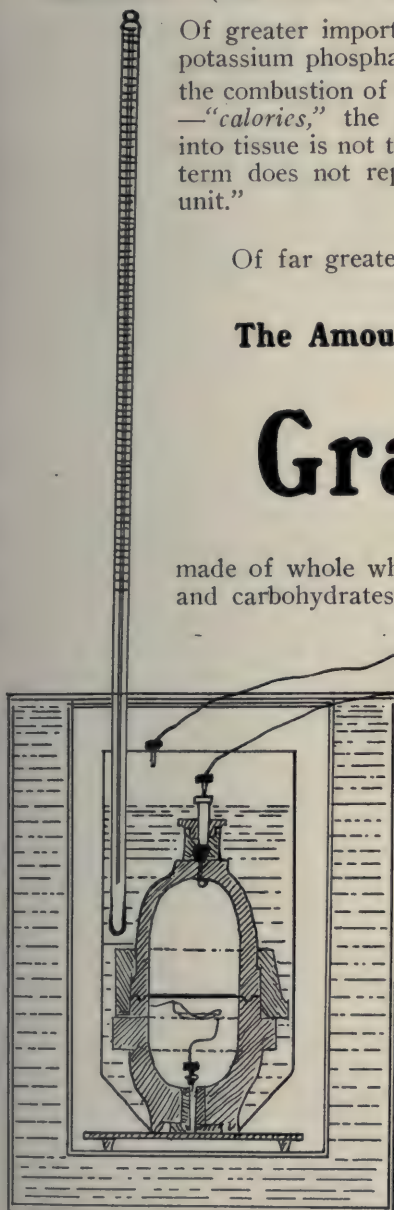
made of whole wheat and barley, contains all the proteids and carbohydrates, and also the "phosphates" (not to be estimated in "calories" at all) in these cereals, and contains only

About 2% Waste (grain fibre)

The rest is absorbed by the system in about one hour. (Analysis of **Grape-Nuts** by Canadian Government.)

The "Clinical Record" for physician's bedside use, with name stamped in gold letters on cover, will be sent to any physician who has not already received a copy. Also prepaid sample box of postum and grape-nuts for clinical experiments.

Postum Cereal Company, Limited,
Battle Creek, Michigan, U. S. A.



Bomb Calorimeter

and its high regard for her womanly qualities, rich in infinite tact, complete in unselfish devotion, ever patient in the intricate and difficult duties of her position. The board of trustees extends to her its unanimous thanks.

Be it further resolved, that these resolutions be spread upon the record books of the association, and a copy thereof sent to Miss Simms.

G. S. PECK,
A. M. CLARK,
ROBERT BENTLEY,
Committee.

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Information.

Regarding the addresses of these Spanish-American War nurses is earnestly requested: Mrs. Eliza Newcomb Alexander, Miss Agnes Brennan, Mrs. Wallace Dellafield, Miss Carrie P. Wheeler, Bessie M. Creelman, Mary L. Douglas, Olivia Fisher, Mary C. Fletcher, Rebecca Ann Hall, Laura Haltern, Mary Hanson, Sophie M. Karnupp, Hester Knapp, Catherine Liebenstein, Mary D. MacDonald, Mary McFadden, Miriam McIntosh, Mary A. Moore, Mary Mullen, Elizabeth F. Robertson, Nancy J. Rodgers, Mrs. Cuno Rolig (nee McManus), Elizabeth R. Salsbury, Alice P. Stockton, Rhoda D. Sutcliffe, Kate M. Walsh, Sarah P. Young, Florence Robertson, Eloise M. Weathers, Mary J. Kennedy, Lillian C. Winchell, Julia E. Lide, Precilla Myers, Ellen E. Sexton, Amelia LaVoy, Mrs. Mary St. John, Mary C. Lee, Mrs. Florence Lee, Elizabeth F. Fleming.

ISABEL HARROUN.

Corresponding Secretary S.-A. W. N.
1711 Cherry St., Toledo, Ohio.

+
Indiana.

The Indiana State Nurses' Association will hold its annual meeting at Terre Haute in April.

The Graduate Nurses' Association of Marion County, formerly known as the Graduate Nurses' Association of Indianapolis, has re-organized its directory, and under the head of "Nurse" General Directory of Marion County" is prepared to respond to all calls. The directory is located at the new club rooms, No. 21, the Milliken Flats, and the officers and directors, elected at the last annual meeting, are: President, May Van S.

McCoy; first vice-president, Lucia G. Parks; second vice-president, Jeanette Miller; secretary, Laura Stegner; treasurer, Edith Baynes; registrar, Mae D. Currie; assistant registrar, Sarah E. Earnest; directors, Sara Bower, Elizabeth Patterson, Florence Martin and Mary Littlefield.

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Michigan.

The sixth annual meeting of the Michigan State Nurses' Association will be held at Port Huron, Michigan, June 28, 29 and 30, 1910.

+
Tennessee.

An important session of the East Tennessee Graduate Nurses' Association was held in the Knoxville General Hospital February 22. Four new members were admitted into the association and other business of an important nature was transacted. Following the business session, a brief social hour was enjoyed, when the members of the association, many of whom are graduates of the Knoxville General Hospital Training School for Nurses, again visited the scenes of their training. Twenty-four members of the association were present. The affairs of the association were reported as being in a flourishing condition with bright prospects for the coming year.

As a result of the election of officers held February 23, the City Hospital Nurses' alumnae will work under the following officers for the coming year: Miss Robley, president re-elected; Miss V. Rudisill, first vice-president; Miss C. Wall, second vice-president; Miss E. M. Ferrell, secretary and treasurer; Miss M. Archer, corresponding secretary. The meeting was a most interesting one and after old business was disposed of, it was decided to hold a rummage sale on the 15th of March to raise the balance of the fund pledged to build a hospital room at the Memphis Foundling Home. Miss Grimes and Miss Wall were appointed a committee of arrangements for this sale. Following the business meeting, a delightful social hour was enjoyed. Refreshments were served.

+
Wisconsin.

The Wisconsin Association of Graduate Nurses completed its organization February 9, when the directors in session in the Children's Free Hospital, Milwaukee, elected officers as

No.

TYPES
OF
ANEMIA

3

"Milk Diet"

Anemia

Milk, as is well known, is very deficient in iron. After a prolonged milk diet, Anemia is not uncommon, especially after prolonged Typhoid and in Bright's Disease.

Pepto-Mangan (Gude)

when given in milk, both during and after a milk diet, satisfactorily supplies the lacking iron element and thus prevents or relieves the resultant Anemia.

In eleven-ounce bottles only

Never sold in bulk

65

Samples and Literature upon application

M. J. BREITENBACH CO., New York, U. S. A.

Our Bacteriological Wall Chart or our Differential Diagnostic Chart will be sent to any Physician upon application.

A Drink in Fevers

A teaspoon of Horsford's Acid Phosphate added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

follows: President, Miss Stella Matthews; first vice-president, Miss Mabel C. Bradshaw; second vice-president, Miss Lucy A. Potter; secretary, Miss Gertrude Iserman; treasurer, Mrs. J. P. Rowan. Directors were elected and a constitution and by-laws adopted.

One of the first objects of the association will be to secure legislation similar to that in other States providing for registration of nurses.

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Louisiana.

The State nurses met February 25 in the Touro Infirmary, New Orleans, for their sixth annual meeting and election of officers. The meeting was presided over by Miss Kate Dent, president, who was subsequently re-elected to that office. The applications of sixteen members for admission were passed upon and accepted.

The nurses discussed certain legislation which it is possible they will propose for passage this year, but no action was taken.

The subject of joining the National Association of Nurses was introduced, and that step was taken unanimously.

The following officers were elected: President, Miss Kate Dent, of New Orleans Sanitarium; first vice-president, Miss McRay, of the Charity Hospital; second vice-president, Miss Lawrence, of the Touro Infirmary; secretary, Miss C. A. M. Lehmann, of the Touro Infirmary; treasurer, Miss M. Seddon, of the Charity Hospital.

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Born.

Born unto Mr. and Mrs. Frank Snyder, at Keyser, West Virginia, February 22, 1910, a son—Frank Christy. Mrs. Snyder was formerly Miss May Christy, a graduate of the Hoffman Hospital, of Keyser, class of 1907.

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Married.

A pretty home wedding was solemnized in Amsterdam, N. Y., on December 11, when Dr. John Reid, of Troy N. Y., and Miss Emily Niven, of Amsterdam, N. Y., were united in marriage. Mrs. Reid is a graduate of the Troy Hospital Training School, with the class of 1906.

Personal.

Miss Stella De Turk, of Reading, Pa., has been appointed nurse in the Army Nurse Corps and will be stationed at the Army General Hospital, Presidio Cal.

Miss Mabel Christie, of Chicago has assumed the position of head nurse at the County Hospital, Omaha, Nebraska.

Miss Bessie Pelly, supervising nurse at the Woodford County Memorial Hospital, Kentucky, has tendered her resignation.

Miss Sarah E. Parsons has been appointed superintendent of the Training School for Nurses of the Massachusetts General Hospital.

Miss Harriet J. Allyn has been appointed superintendent of the Griffin Hospital, Ansonia, Conn.

Miss Emma Anderson, of the New England Baptist Hospital, Boston, has been granted a three months leave of absence, which she will spend in Italy and Greece.

Miss Laura Whittaker, superintendent of nurses, Northern Pacific Hospital, Brainerd, Minn., and Miss M. A. Strangways, assistant superintendent, have resigned their positions and will locate on a fruit farm at Prosser, Washington. Resignation took effect on March 1, 1910.

They will be succeeded by Miss Maude Manning, superintendent of nurses, and Miss Ellinor Rose, assistant superintendent, both of whom are graduates of the Northern Pacific Hospital, Brainerd, Minn.

Miss Josephine Hensel, a well-known nurse of McKeesport, Pa., will sail on the steamer Minnesota for Manila on March 22, where she will be married to O. S. Sullivan, chief of the medical school and a prominent man in the civil government service.

Miss Hensel is a graduate of the McKeesport Training School for Nurses of the class of 1905. After her graduation she assumed the duties of nurse in the military service in Manila, and remained in that position until last December, when she returned to McKeesport and has been nursing private cases.

Clinical

DISEASES
OF THE
RESPIRATORY TRACT

usually disappear as the general bodily nutrition and vitality improve. This is why

GRAY'S GLYCERINE TONIC COMP.

accomplishes such surprising results in many a serious, intractable case of bronchitis or other respiratory disease, when other remedies fail completely. Its use stimulates the appetite, promotes digestion, increases assimilation, and raises the whole vital index. The benefits, therefore, are permanent—not transitory.

THE PURDUE FREDERICK CO.
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Antithermoline



**Relieves
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Pain and
Inflammation**

(Apply Externally)

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ON
REQUEST**

NOW SUPPLIED IN GLASS JARS
RETAIL PRICES

5 oz.	Glass Jars - \$.25	1 3/4 lb.	Glass Jars - \$1.00
11 "	" " " - .50	5 "	" " " - 2.25

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42 SULLIVAN ST., New York City

When you write Advertisers, please mention THE TRAINED NURSE.

She has a large circle of friends who are interested in her marriage and who extend best wishes for her future in her new home.

Mrs. J. Baldwin Ransom has succeeded Miss Daisy D. Moore as superintendent of the King's Daughters' Hospital, Staunton, Va. Mrs. Ransom is a graduate of St. Luke's Hospital, Richmond, Va.

Miss Hannah Franzen, of St. Luke's Hospital, Racine, Wis., has tendered her resignation.

Miss Lucia Bock has been appointed head nurse at the Good Samaritan Hospital, Sandusky, Ohio. Miss Nellie Cockerill was appointed to assist Miss Bock. Miss Bock is a graduate of the Protestant Hospital, Columbus, Ohio.

Miss Stella Matthews has resigned her position as superintendent of the Children's Free Hospital, Milwaukee, and will be succeeded by Miss Helen Walshott, who has been assistant. Miss Gertrude McKee will succeed Miss Walshott.

Mrs. L. D. Chamberlin, superintendent of nurses, and Miss C. M. Collins, assistant superintendent of nurses, of the Homeopathic Hospital, Pittsburg, Pa., have resigned their positions, their resignations to take effect April 1.

Mrs. Fannie S. Smith, who has resigned the position of superintendent of nurses and training school for nurses, at St. Luke's Hospital, St. Louis, Mo., will take charge of the Scarritt Training School for Nurses, Kansas City.

Lizzie Young Moody, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, (Inc.), in the Swedish System of Massage, Medical and Corrective Gymnastics, Electro- and Hydro-Therapy, has been engaged by the Westmont Sanatorium, Atlantic City, N. J.

Miss Elizabeth H. Phelan, of Richmond, Quebec, Canada, a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, (Inc.), Philadelphia, Pa., has been requested to give a course in massage to the nurses in training at the De Soto Sanatorium, Jacksonville, Florida.

Miss Anna M. Barr, Kansas City, Mo., a graduate of the Women's and Children's Hospital, Kansas City, Mo., former head nurse of St. Luke's Hospital, Kansas City, Mo., and a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, (Inc.), in the Swedish System of Massage, Medical and Corrective Gymnastics, Electro- and Hydro-Therapy, has been requested to give a course in massage to the nurses in training at St. Luke's Hospital, Kansas City, Mo.

Obituary.

Miss Ella N. Park, of Galesburg, Ill., died February 9 of typhoid fever at the home of her sister, Mrs. Charles Gorman.

Mrs. John C. Ball died suddenly at her home in Easton, Md., February 21.

Miss Zepher M. Rider died February 8 at Kingston Hospital, Brooklyn, N. Y., of scarlet fever. She was a graduate of St. Mary's Hospital, Nashville Tenn.

Miss Bertha Menefee died February 6 at the home of her sister, Mrs. E. A. Mills, of Clarendon, Va.

Miss Etta M. Wellborn, died March 1 at Atlanta, Ga.

Miss Nellie V. Eckslin died February 4 at the home of her parents, Halfway, Md.

Miss Margaret Atchison, of Lima, Ohio, died February 13 of pneumonia.



Good Nurses and Careful Mothers

are particular about using no other but

MENNEN'S

BORATED TALCUM
TOILET POWDER

because it is freely recommended above all others by physicians everywhere. MENNEN'S is the safest and purest of Toilet Powders. It not only smooths the skin but soothes the skin, not only hides roughness and rawness but heals them.

Mennen's Borated Talcum Toilet Powder
Is as necessary for Mother's baby as for Baby's mother



It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's.
Sample Box for 2c. Stamp.

The Gerhard Mennen Company, Newark, N. J.



CAMPHO-PHÉNIQUE

LIQUID AND POWDER



THE SUPERIOR
ANTISEPTIC

CAMPHO-PHÉNIQUE
LIQUID

Acknowledged
Premier in the
Field of Antiseptics
for Cases of Minor
and Major
Surgery

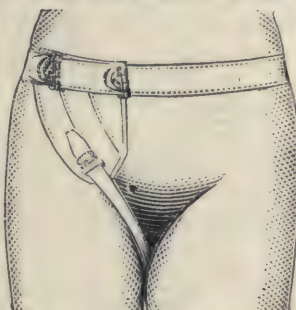
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The Superior Dry
Dressing for Cuts,
Bruises, Burns,
Ulcers and all
Superficial
Wounds.

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PHÉNIQUE CO.
600 N. 2d St.,
ST. LOUIS, MO.

PEAK'S SUPPORT FOR AFTER OPERATION



For Appendicitis
Hernia, etc.

Price, \$1.⁸⁸

Postage, 4 cents.

We make

HALL DEIMEL ABDOMINAL BELTS

and dozens of others described in Catalogue of Belts.

Elastic Stockings, Anklets,
Knee Caps, Trusses, etc.

Measurement blanks upon request.

HOSPITALS FURNISHED COMPLETE

Send for Equipment List and Catalogue
of Modern Hospital Supplies.

The Max Woche & Son Co.

Hospital Furniture, Nurses' Cases, etc.

19-23 West Sixth Street,

CINCINNATI



New Remedies and Appliances

Physicians' Testimonials.

Very good results from the use of Horsford's Acid Phosphate in cases of nervous debility from excessive drinking and insomnia.

DR. E. B. DAVIS, Dayton, Ohio.

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Only the Warmest Praise.

I have been a user of both Resinol Soap and Ointment for several years and have only the warmest praise for them.

JOHN BUTLER, M.D., Blackwell, Mo.

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Edouard de Reszke Says:

"Having used Evans' Antiseptic Throat Pastilles for some time now, I have great pleasure in testifying to their excellent qualities, and I recommend them without hesitation to my colleagues."

+

After-Effects of Cathartics.

Pain and griping are conspicuous by their absence, and it is safe to say that Prunoids are absolutely unequaled in their freedom from the usual disagreeable after-effects of other cathartics or laxatives.

+

Best I Ever Used.

OGDEN & SHIMER.

Dear Sirs—I enclose one dollar for which please send me Mystic Cream. I like it the best of any cream I ever used.

MISS M. CHURCHILL.

+

Effervescent Malted Milk.

Put some finely cracked ice into a glass. Fill it half full of Apollinaris, Vichy or Siphon water, and immediately add the desired amount of Horlick's Malted Milk in solution. Drink while effervescing. Brandy may be added if desired.

+

Cocoa Nibs.

This is the freshly roasted bean cracked into small pieces. It contains no admixture, and presents the full flavor of the cocoa-bean in all its natural fragrance and purity. When properly prepared, it is one of the most economical drinks. Dr. Lankester says cocoa

contains as much flesh-forming matter as beef. Trade-mark on every package.

Walter Baker & Co., Ltd., Dorchester, Mass.

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Coryza.

"I have tried Unguentine in a case of coryza with great benefit by snuffing it into the nostrils. Used it in several bad cases or sore nose which it cured at short notice. It is by far the best thing in the ointment line I have ever tried."

M. J. ALEXANDER, M.D.

Austin, Miss.

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Antiseptic Aids.

The best antiseptic aids to the maintenance of your patients' health and your own are Listerine, the standard antiseptic preparation; Listerine Dermatic Soap, an antiseptic detergent; Listerine Tooth Powder, a frictionary dentifrice for employment in conjunction with Listerine; Listerine Talcum Powder, for use whenever and wherever a talcum powder is required.

Lambert Pharmacal Company, Saint Louis, U. S. A.

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No Pucker Here!

Many people have said "I like grape juice, all but that puckery after-taste." Let those people try Walker's. It has no pucker or astringency, no settlings or sediment.

Hold a bottle to the light and see how clear it is. No tannin-bearing sediment. Not murky or cloudy. It's clear and pure.

This is why everybody likes Walker's, it is so wholesome. Try it—it's clear! In the "ten-pin" bottle.

The Grape Produce Company, North East, Pa.

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An Improvement in Fever Thermometers.

On ordinary thermometers the scale is so located that a portion of it is inserted into the mouth or other organs of the body when making a test of the bodily temperature. By reason of this fact, that portion of the scale

INSTRUCTION IN MASSAGE

THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months

Tuition Fee, \$75.00

Course in Electro-Therapy

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Course in Hydro-Therapy in all its Forms

Term: 6 Weeks

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SUMMER CLASSES OPEN JULY 12th, 1910

OVER 9000 TREATMENTS GIVEN IN 1909

No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Fall Classes open September 21st, 1910. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

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WM. EGBERT ROBERTSON, M.D. (Professor of Medicine, Temple University).

HOWARD T. KARSNER, M.D. (Instructors University of Pennsylvania).

HOWARD A. SUTTON, M.D. (Instructors University of Pennsylvania).

T. D. TAGGART, M.D. (Jefferson Med. College).

ELDRIDGE L. ELIASON, M.D. (Instr'r Univ. of Penna.)

LOUIS H. A. VON COTZHAUSEN, Ph. G., M. D. (Graduate Phila. College of Pharmacy, Med. Dept. University of Penna., Penna. Orthopaedic Institute).

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

MAX J. WALTER (Univ. of Penna., Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Philadelphia General Hospital (Blockley), Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc.)

HELENE BONSDORFF (Gym. Ins., Stockholm, Sweden).

LILLIE H. MARSHALL (Pennsylvania Orthopaedic Institute).

EDITH W. KNIGHT (Institute).

MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopaedic Institute).

Pennsylvania Orthopaedic Institute and School of

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1711 Green Street, PHILADELPHIA, PA.

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JOHNSON'S FOOT SOAP

Borax Iodine & Bran

ACTS LIKE MAGIC

40 Years the Standard of Efficiency.

Instantly Stops that everlasting Smarting, Aching and Foot Weariness. Dissolves Corns and Callouses. Soothes and removes Bunions and all Inflammations. Relieves and Prevents Excessive Perspiration. A triumph of medical skill. Worked out by William Johnson, graduate of the London Chemical Laboratory. One cake will demonstrate it. Buy a cake to-day and know what Foot Comfort means.

Large cake, 25c. All druggists. Samples free on request.

Money Back if Not Satisfied.

WILBUR A. WELCH, Sole Distributor, - 905N Flatiron Building, New York

which is inserted into the body is worn off, and, in addition to this, the coloring material of the scale gets into the body. This is one great objection obviated by The Advance Thermometer, the new Fever Thermometer sold by Hegeman & Co., New York.

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A Blood Maker.

As a blood maker and tissue builder, the port wine of Duroy & Haines, Sandusky, Ohio, stands supreme. It has a full rich body, the true flavor of the grape, and an exquisite bouquet. With pure olive oil Duroy port is a splendid remedy for digestive troubles.

If you have not tried it you have been guilty of an oversight. It should be served at a temperature of about sixty degrees, not too cold.

Send for a booklet of pure high-class American wines, cheaper and better than foreign products.

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Hospital Registers.

We make the finest hospital registers to be procured anywhere. For instance, see the advertisement of our "In and Out" Register for nurses in this issue, or send for our illustrated literature. We not only have a large and varied assortment, but we make them to order to your requirements. We have hospital room registers, "In and Out" registers for physicians and internes, "In and Out" registers for nurses, surgeon's operating bulletin boards and telephone boards.

Universal Register Company, 316 S. Canal St., Chicago, Ill.

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Puberal Anemia.

The paramount need is to stimulate hematopoiesis, and for immediate and satisfactory effect in this direction Pepto-Mangan (Gude) has been found of very great value. Under its administration, the hematogenic function is actively increased and the appetite and general nutrition rapidly raised. The digestion is improved and never embarrassed—a statement that can be made of none of the inorganic preparations of iron.

It goes, without saying that the best of hygiene, good food and as much outdoor life as possible should also be prescribed. The condition if allowed to continue, is always dangerous, principally because of its predispos-

ing tendencies to graver disease. It is "the stitch in time" that saves serious trouble, and Pepto-Mangan (Gude) will be found a very dependable stitch.

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Chris Hansen's Preparations.

Chris Hansen's Junket Preparations comprise the following high-grade goods: Junket Tablets, Junket Buttermilk Tablets, Junket Colors [Raspberry Red, Orange Gold and Lemon Yellow], Junket Flavoring Extracts [Vanilla, Lemon, Orange, Nutmeg, Almond, Allspice, Ginger, Clove, Cinnamon, Rose, Peppermint and Wintergreen] and Junket Cream Tablets for manufacturers of ice cream. They are indispensable in preparing a great variety of milk foods, puddings, ice cream, cheese, buttermilk, etc., all ideal health foods.

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Perfect Hypodermic Syringe.

Have you seen the wonderful new "Record" Hypodermic Syringe, advertised in this issue by the Valzahn Co., of Philadelphia? It has been a great problem of the instrument makers for years to get a perfect aseptic syringe such as this one is. Made of metal and glass, having no screw threads or packings, or washers. The Record Syringe consists of three parts: barrel, piston and cap. All parts being perfectly smooth. The barrel is accurately graduated in red and can be completely emptied. It can be readily taken apart to clean, and the nickel plunger is ground into the barrel to fit hermetically, but slides easily and does not require, at any time, a lubricant. Send for price list and try a "Record" Syringe at once. It will save you many an anxious moment.

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Bed-Pans and Bed-Sores.

To the Editor of The Trained Nurse:

As is well known, bed-sores are caused by continual pressure on the parts, and are aggravated by contact with urine and feces.

How many of your readers have noticed that the use of certain bed-pans will do much to either relieve or increase the suffering of a bed-sore patient?

In several cases recently I have noticed that bed-sore patients are frequently compelled to use the old-fashioned French bed-pan, or Hank's Douche Pan, whereas, by the use of the Meinecke "Perfection" Bed-Pan they

SOMETHING NEW!

CHR. HANSEN'S

Junket Brand

Buttermilk Tablets

are now ready for the market.
Ask your Druggist for them and
make your own "Buttermilk" or
"Lactic Acid Milk" at home.

Pure, Wholesome, Refreshing.

**15 tablets for 25c
or 75 tablets for \$1.00**

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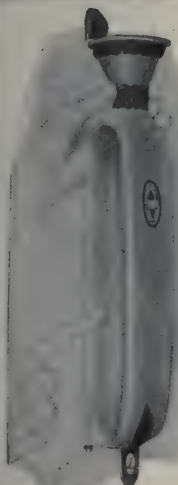
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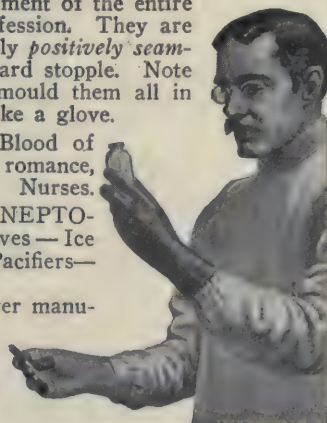
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Editor

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LAKESIDE PUBLISHING COMPANY
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The Trained Nurse and Hospital Review

VOL. XLIV.

NEW YORK, MAY, 1910.

No. 5.

Nursing the Patient

A. L. BENEDICT, A.M., M.D.

Buffalo, N. Y.

POETS are born, not made. The real nurse is so by birth, but she requires training also. The great danger of all systems of education is the tendency to overestimate the importance of things that can be reduced to rule or to a science and that can be made the subject of a written examination. Or, perhaps it would be better to say that the danger consists in underestimating the things that cannot be thus satisfactorily dealt with.

Almost any reasonably intelligent and conscientious woman—or man, either—may be trained to a state of approximate perfection as a technical nurse. That is to say, she—or he—can graduate with a good mark, can take pulse and temperature, administer hypodermics, apply bandages, keep neat records and perform all of the numerous duties that spare the physician's time and effort and yet not be the kind of nurse that is born.

There is exactly the same kind of difference among physicians. We find ideal family doctors, born to the life work, but lacking the scientific training requisite to good results and, on the other hand, splendid men theoretically, who not only do not have the knack of appealing to

patients, but who are really disqualified for actual practice.

In the medical profession, men approaching one or the other of these types gravitate into different kinds of practice. In the nursing profession, the nurse who is born, but who cannot be made, is usually weeded out early in her course in the training school. On the other hand, the one who has been well made, but who was not born to her chosen life work, is not usually discovered till she essays private nursing. Her field of usefulness is limited to certain executive phases of institutional work.

Fortunately, both in medicine and nursing—and, indeed, I think also in poetry and the arts generally—there are a great many individuals who are not exactly born to their life work in the sense of achieving immediate success, but who are able by conscientious effort to cultivate the instinctive skill in which they are deficient.

My attention was forcibly called to the distinction between satisfactory nursing from the technical and from the lay standpoint, by an experience with a nurse whose records were slipshod and tardy and who seemed almost neglectful of the

patient. At any rate, she did not take from the physician's shoulders the numerous details which, theoretically, he ought always to look after, but which it is very comfortable to have done for him. But she pleased the patient, kept her very comfortable and certainly aided greatly in her recovery.

Strange as it seems to many persons, the best physicians are not, as a rule, good nurses, nor do the best nurses have the qualifications to make the best physicians. For the physician, a general grasp of the disease is prerequisite; for the nurse, the important point is the grasp of details.

Without in the least deprecating thoroughness of instruction, it has always seemed to the writer that it is unwise to attempt to include in the training school course, urinary analysis, physical diagnosis, post-mortem pathology, physiology and the like, except as a few fundamental principles and some details of practice may enable a better understanding of the problems encountered in the routine care of a patient. In other words, the training school should limit itself to nursing and should even consider the fact that not many years can economically be spent in training for a work that, on the average, lasts but ten years, and which cannot under any ordinary circumstances be protracted to the degree of a physician's practice.

It is, of course, extremely difficult to describe in words just what is meant by the knack of the born nurse. It may be well to begin by stating what it is not. It is something beyond the registration of temperature, movements of the bowel, administration of medicine and the various record-keeping duties of the nurse. This form of paper-and-pencil nursing is often overdone. It may be so bulky that

it actually confuses the physician and, especially in looking back over a rather prolonged illness, like typhoid fever, it may be almost impossible to trace the progress of the case on account of the large volume of sheets to be handled. From the practical standpoint, a case record should be like a ship's log, the pulse, temperature, etc., showing graphically like the latitude and longitude and so that an idea of progress and in what direction, may be obtained at a glance. Otherwise, the record should consist mainly of unusual occurrences, not of the expected and ordinary events.

Again, the knack of the born nurse is entirely distinct from skill in the use of instruments and paraphernalia, which are really part of the physician's armamentarium but which the nurse very properly employs because it saves time and expense to delegate them to her charge. The hypodermic syringe, enema, bandage, ointment, ordinary forms of surgical dressing, cupping apparatus, means of administering various forms of baths, etc., all come within this category.

While, properly enough, there has been a good deal of sarcasm directed at the old poetic notion of "cooling the fevered brow," we may take this as a literal illustration of the value of born nursing. A hand that is cool but not clammy, soft but firm, which strokes gently without tickling or pulling the skin, has an immense practical value in inducing sleep and in relieving the nervous tension which often raises the temperature several notches above what it would be from the inevitable course of a fever. It requires pains and some skill to keep one's hands in this condition, in spite of the irritating effects of antiseptics and the various manipulations that tend to produce callosities. But this one detail,

trivial as it may seem, may turn the tide for or against recovery.

Even stable men realize that in dealing with nervous and spirited horses, a gentle but firm, whole-handed touch, is almost a necessity. Still more so in dealing with human beings who are sick and nervous, any manipulation which is jerky, which strikes rather than rubs, and which falls away from the skin in such a way as to suggest a lack of muscular control and support, or which is irregular in its period of repetition instead of soothing by its rhythm, imparts to the patient a sense of irritation and of failure of confidence in what ought to be both a moral and a physical support. In not a few cases, a firm, sympathetic touch, contrary to the arbitrary rules of the direction in which massage or ordinary rubbing should be practiced, does more good than a weak, irregular rubbing in accordance with the rules of the book.

Sympathy is another old-fashioned attribute of the nurse—as well as of the physician—of which we are apt to lose sight in our attempt to be scientific. Some kinds of sympathy, like some kinds of rubbing, add to the patient's weakness and apprehension. There should be on the one hand, an entire absence of any kind of sentimentality and on the other hand, a firm, gentle support which inspires confidence and puts the patient as much as possible at rest.

Avoidance of exposure to cold is another important point in nursing. The nurse who can deftly wrap a patient in a blanket or shawl and keep the feet warm with knit slippers or a rug while the bowels are being moved, or who can bathe one limb at a time, partly under cover, or who can give an enema without leaving a wet, cold spot in the bed,

may not get more points on a written examination, but she will help cure more patients than one who is careless and unskillful in these little details. The use of poultices and various hot applications is often a two-edged sword because of accidental chilling in the process of application or because of the slipping of retentive binders. Again, there are many cases in which the old-fashioned and erroneous fear of fresh air does less harm than a draft or allowing the room to cool off too much at night, or letting the patient sleep with the chest and neck improperly covered or with the arms outside of the bedding. It has even seemed to me that the pneumonia charged to anaesthetics is often due to chilling during a prolonged operation. At any rate, it would be nothing surprising if a healthy person, lying for half an hour or more half naked on a glass or oilcloth covered table, and wet with solutions of various kinds, should take cold. Even in typhoid and other diseases, with high temperature, it is often necessary to place gloves or slippers on the extremities, or to use heaters, to equalize the circulation.

The production of actual, though trivial discomfort and pain by rough movements, is a very important consideration in the use of enemata, in making applications to the throat in scarlet fever, diphtheria, etc., in cases requiring repeated hypodermics and, especially, in the after-care of fracture cases and, indeed, of nearly all surgical cases. Nutrient injections are, naturally, employed mainly in extremely urgent cases, and while we can never hope to secure the absorption of full rations in this way, the little that we can do often determines recovery. Success or failure to secure absorption—barring gross ignorance in pre-

paring suitable mixtures of nutriments—depends more upon gentleness and skill in making the injection than on any other single factor.

A sense of cleanness and uncleanness, almost in the ritualistic meaning, is almost a necessity in dealing with patients, and it must not be forgotten that fastidiousness in such matters is often encountered in persons who are not especially nice as to ordinary cleanness or dainty in their other habits. It even seems to me that men have this sense more acute than women, as a general rule. No amount of washing and disinfecting can, according to this notion, make a glass that has held urine or a pathologic specimen, fit for drinking water; thermometers for the mouth and for the rectum should be absolutely separate; wash basins should never be used for bed-pans or even to catch vomitus; the use of the hands for certain purposes requires washing and some lapse of time before more delicate attention is welcome. Food and drink should not be exposed in the sick room during the time that the bowels move, and, indeed, should be obtained fresh immediately before use.

The avoidance of noise is, on the whole, rather overestimated in the care of the sick. Patients in hospital wards do not, as a rule, fare worse than those in private houses, and it is significant that the use of tanbark on the streets is mainly confined to those paved with asphalt, broad and lined with the relatively sound-proof residences of the rich. One of the noisiest nurses that I knew has been eminently successful. Still, unnecessary noise in and near the sick room should be avoided. Generally speaking, frank, honest noise is less distressing to

the patient than sounds that are indistinct, shrill and puzzling. Whispering is almost always irritating, both because of its high pitch and the sense of mystery. So, too, if it is necessary to do anything in the sick room or near it which is liable to cause a noise, it is better to tell the patient about it in advance and to get it over with as quickly as possible.

In various convulsive diseases, such as meningitis, tetanus, hydrophobia, etc., it is, of course, extremely important to avoid all noise as much as possible.

Because a person is sick, he should not be made to feel that he is in a class apart from normal individuals. Don't tell him that it is time for his *nourishment*, say breakfast or luncheon, or dinner or supper, as the case may be, or even call it grub. Often, a little visiting does the patient no harm. At any rate, if he asks what day it is or how the baseball match has come out, or who has been nominated or elected, it is better to answer him intelligently than to impress upon him that his brain must remain inactive or to make him feel that being a patient consists in a vegetative existence. Personally, I would not usually object to telling him his pulse and temperature, unless the circumstances were peculiar. The mere fact that such records are being made shows that they are not normal, and if they are dangerously high or low, the patient usually is not sufficiently interested to inquire about them or to realize their significance. In general, if the patient's brain is active, it might better work on something extrinsic than to brood on symptoms and apprehend danger. At the same time, care should be exercised not to fatigue the patient mentally more than by physical strain.

One of the great secrets of practical success in nursing is absolute devotion to

the patient. Many a nurse obtains good marks in the training school because she is constantly studying books while in the ward. I recall one such who made a flat failure in private practice, and the only fault found with her was that she was reading when she ought to have been attending to the patient. On the other hand, continual fussing with a patient is equally as grave a fault in the opposite direction. Moreover, to let the patient feel that he is being constantly watched as if his sickness were a sort of sentence to prison, is another fault. There are many cases in which it is perfectly proper for the nurse to tell the patient that she is going to sleep or read for a while.

These various statements sound contradictory, because individual discretion and a differentiation of the circumstances of each case are necessary.

In fact, so far as dealing with the patient himself is concerned, success in nursing consists in preserving a proper poise between extremes. The nurse should be quiet, but not stealthy in her movements; cheerful, but not silly; sympathetic, but not maudlin; firm, but gentle; careful, but not apprehensive; exact, but not arbitrary; dignified, but not arrogant; neat, but not squeamish—and dozens of other antitheses might be mentioned.

The Scotch Douche

M. C. W.

The Scotch douche consists of alternate applications of hot and cold water to a part of the body, the changes being made in quick succession. It is used in cases of sciatica, rheumatism, stiff joints, gout, dropsy and neuralgia. My first experience with it was while nursing a case of synovitis in a private house, the treatment consisting of baking the joint in a hot-air machine specially designed for treating arms and legs, combined with massage, the Scotch douche and rest. We were able to borrow or rent the hot-air machine, but improvised our own appliances for the Scotch douche. Before the treatment I used to prepare a bucket of ice water and a ket-

tle of hot water. I had two large pitchers, one for the hot water, as hot as the patient could stand it, and one for the ice water. A few turns of a flannel bandage around the limb above and below the knee served to convey the water to a basin below. The hot and cold water were slowly poured on alternately, the applications being continued for about fifteen minutes, morning and evening, followed by massage of the joint as well as the part above and below it.

I have since then been able to improvise a method for giving the same kind of douche for the spine. Both cases markedly improved under this treatment.



Communicability and Prevention of Typhoid Fever

S. VIRGINIA LEVIS.

TO us of the present day it seems somewhat remarkable that the disease misnamed typhoid fever, on account of its supposed resemblance to typhus, should ever have been confounded with the latter malady. But so it was, and the old term, "abdominal typhus," shows how the disorder was regarded with reference to its kinship to true typhus.

Yet when we compare the symptoms of the two diseases and reflect that the germ theory was not at that time accepted generally by the medical profession, there is not so great cause for wonder after all.

To Philadelphia belongs the credit of differentiating between typhoid and typhus, now very nearly one hundred years ago. It is a long established fact that the specific germs (the bacilli of Eberth) multiply thrivingly in a moist or wet medium, polluted drinking water being the commonest source of infection. In attestation of this fact, the self-same city of Philadelphia, on account of its own contaminated water supply, has at different times warned householders to boil all drinking water, for one minute, a much less time than would be required to render innocuous the germs of many other diseases.

In those districts where filtration was first instituted, statistics showed a preponderance of cases over such localities as were yet forced to drink the muddy, unfiltered product, and the conclusion was that people had relaxed vigilance

owing to a delusion that the germs had been eliminated along with other foreign matter.

It seems reasonable to suppose that any city depending on a contaminated water supply must be in more or less danger of infection, even with the precaution of boiling that used for drinking purposes. Celery and such other vegetables as are eaten raw are washed in the infected water, and the tooth-brush might easily be a source of danger.

Once, nurses were taught that while typhoid fever was highly infectious, it was in no degree contagious, and attendants therefore never considered a patient a menace, even sharing the same bed, when bodily fatigue prompted—not an ethical thing to do, certainly, but law will ever be ignored by necessity.

Apropos of this theory, a physician related to the writer the experience of two nurses, each of whom had, at different times, nursed typhoid cases for him, with the result that both contracted the malady. He considered both excellent nurses, and was assured they had lived up to all requirements of asepsis and antisepsis, so he was forced to the conclusion, he said, that contagion was the only explanation, more especially, perhaps, as the original patients had been particularly virulent cases.

Every nurse is aware of the communicability of typhoid fever through the medium of the farmer's dairy, traceable to the washing of milk cans with infected water, such conditions presenting

powerful infection centres. As an odd instance of the dissemination of the germs through a milk supply, the following is cited: On a certain farm, the dairy of which was patronized by college students, a person was taken ill with typhoid fever, and the case was not reported. Through ignorance or carelessness of the attendants, a neighboring creek became contaminated. Occasionally the farm pump would get out of order, and to make it work "priming" was resorted to, which means that water was poured through the tubing. As the water employed was obtained from the creek in question, the well soon became infested with the germs, with the result that a number of college students succumbed.

Another curious instance of infection was published in a foreign medical journal. It appears that a regiment of dragoons had camped near a river which watered a typhoid infected valley. So unsavory was the river that the soldiers never bathed in it, though every day their horses were watered on its banks and permitted to walk in the shallow places, for at that season the river had gone nearly dry. Then the horses were groomed and led back to camp, curry-combs, brushes, etc., having been dropped in the nosebags. As members of the troopers were in the habit of taking bread with them, this also was put into the nose-bags. To the eating of this contaminated bread was traced the cause of the epidemic which later broke out. There were no new cases after visits to the river had ceased.

A certain French physician declares that cooks and kitchen helpers are so frequently transporters of the disease, owing to the swarming bacilli colonies upon their hands, that he urges the disinfection of the hands of all such per-

sons before being permitted to wash meat, vegetables, dishes, etc.

Regarding the longevity of these particular germs in water, some of our own western scientists have demonstrated that the bacilli live longer in pure water than in that befouled with sewage. Soil bacteria quickly destroy the typhoid bacteria when the latter exist in sewage; but if found in water otherwise pure, the effect is not the same.

In sterilized water, the bacilli live from 15 to 25 days, while in unsterilized water existence ends in from 5 to 8 days. In polluted water they live from 10 minutes to 3 days.

Cold weather is more favorable to their existence than warm, and at the temperature of the ice-chest it is said the germ grows in the by-products of other bacteria which at a higher temperature would be fatal to it.

The spreading of typhoid by means of the "water route" is, however, nothing new; the above instances being cited merely to show the circuitous paths it may seek.

Physicians used to say that the germs lived *only* in a wet or moist medium—that while dust might be laden with the germs of tuberculosis, scarlet fever, etc., the typhoid bacilli would not thrive in such dry quarters. But it seems that later research proved the incorrectness of such theory, it having been satisfactorily demonstrated that dust could become typhoid laden, thereby polluting the air, and that so late as 25 days after infection of the soil. In India where the malady has raged for long, some physicians came to the conclusion years ago that the dust was the carrier.

Our common flies, too, are prolific disseminators of the disease, for the reason that careless nursing renders it easy for

them to find typhoid excreta and thus to carry the germs on their bodies to be deposited on food stuffs. Or the flies may take the infected material into their bodies, and by depositing their own excreta on food and other things, thus convey the disease.

A few years ago, several members of a somewhat prominent family, including some of the servants, were prostrated with typhoid fever, which in three cases assumed a rather malignant form. All recovered, but only after a protracted convalescence; and as no other family in the whole village had been visited by the disease, the unusual conditions led to minute investigation by an authority upon this disease as well as upon sanitary engineering. The physician, after a thorough analysis of the drinking water, pronounced it entirely free from typhoid germs. Next the plumbing and sewage were examined and likewise disproved to be the source of infection. It was a seaside village, and as contamination might have come while bathing, both the shore and the grounds around the house were inspected, but with the same result.

As suspicion was absolutely unjustified in these directions, investigations were diverted to the different members of the household, when suspicion attached to the only servant who had escaped an attack of the disease. She had been in the family just about long enough to agree with the question of incubation, etc., and with this shadowy clue, investigations were extended.

It was soon learned that the family previously employing this cook had exhibited about seven cases of typhoid fever, and the family in which she had lived before that again had all been stricken with a single exception—signifi-

cant facts, surely. Further investigations proved that wherever the cook had lived in the previous three years, the fever had manifested itself to the extent of from one to six patients in each family.

The servant having left the family mentioned first, a final research was made by the enthusiastic physician concerning the family where the cook next made her home, when it was learned there that several members had been stricken, and one fatally.

This was more than coincidence—certainly; and the doctor, assisted by the board of health, concluded to take the woman prisoner, and by subjecting her to tests, try to discover in what manner she was unconsciously communicating infection. In due season, scientific efforts revealed the fact that her vital organs were breeding places of the typhoid germs, and inquiry elicited the information that she had suffered a very grave attack of the fever about six years previously, to all appearances recovering completely.

We can cite another instance of a woman who, after an attack of the disease eighteen years previously, was still throwing off virile typhoid bacilli in her dejecta, while apparently enjoying good health. She was a milker in a dairy, and to her was traced the source of the outbreak in Georgetown.

It is said that Surgeon General Wyman believes that this case is proof that at least two per cent of all recovered cases of typhoid fever become bacilli carriers for a greater or less period thereafter, though we certainly would like to think that the instances are isolated and proving nothing more than abnormally poised systems. Certain it is that remarkable idiosyncrasies come to

light every once in a while, of which the following is an evidence: A young woman whose arm was vaccinated three times against smallpox failed to show that the sore had "taken" until after the lapse of seven years, when the limb began to itch and feel sore, ending in a complete vaccination.

But whether the instances of the pestilence-spreading cook and dairy woman are merely singular, or the reverse, infection is, unhappily, so common that humanity waits for some agent which shall immunize from typhoid fever, or act as a specific after the germs have gained entrance. To this end the public is enlightened at intervals regarding experiments with typhoid serum for vaccination, the principle involved being analogous to those obtaining in smallpox.

We are informed that to prepare the vaccine, the bacilli of typhoid fever are introduced into beef broth, in which nutritious medium they multiply rapidly, and that after a certain number have been propagated, heat is applied to kill them. This fluid laden with the dead germs is the vaccine, which is said to act by teaching the cells of the body, without actual illness, to manufacture the antidote against typhoid poisoning.

It is explained that if blood be drawn from the veins of an inoculated subject and allowed to stand long enough in a suitable vessel for the red corpuscles to have sunk, the remaining serum may be drawn off and employed to kill the living germs.

News came to us months ago of the vaccination of three soldiers at Fort Omaha with typhoid serum, and who developed a very mild form of the fever inside of seven days. Upon recovery, they again submitted to inoculation, but

evidenced no symptoms. They acquiesced later to the severest test of all—that of drinking water infected with typhoid bacteria, and still no symptoms of the disease appeared,

We are told that in one of our hospitals in Philadelphia, the institution's pathologist performed anti-typhoid vaccination on himself, another physician and two nurses, each subject being inoculated twice with dead vaccines. While the serum he used was not fully standardized, yet reactions were reported as well defined and satisfactory, fever and pain lasting about four days.

The pathologist said that according to the experience of English and German surgeons who were before Americans in these experiments, the interval between the two inoculations should be about eleven days. The hypodermic needle is employed and the vaccinations "take" quickly, the fever lasting from one to four days, the second reaction never so pronounced as the first. He would advise inoculation in the case of a person going to a place where typhoid fever was epidemic, and said he had never heard of death following as a result of inoculation.

In attestation of the soundness of the doctor's advice, it seems that 150 British soldiers, some officers among them, submitted to inoculation before sailing for the East. The command of 500 men having settled in a typhoid district in India, 62 were brought down by the fever. None of the sick had been inoculated with the exception of two, and they had received only one inoculation.

Throughout the State of Pennsylvania, the health authorities prescribe the introduction of copper sulphate into infected water. As a less widely known agent, we hear of tea as a germicide, and

which a Boston physician declares has special enmity for the typhoid germ. It is said he experimented with the bacilli in cold and lukewarm tea, and while they were greatly diminished at the end of four hours, they were completely destroyed at the end of twenty-four.

So far as concerns the opinions of the French scientists, we are advised that the Academy of Medicine has voted without dissension in favor of Professor Andre Chantemesse's vaccination against typhoid fever, claiming it as an almost certain preventive. Coming under the professor's own notice, it is claimed, a doctor in Rouen who had been thus vaccinated, accidentally swallowed a typhoid culture from a test tube, yet without contracting the malady.

Faith in the efficacy of the vaccination theory is steadily gaining ground, as an evidence of which hundreds of our own artillerymen submitted to recent experiments to establish the facts of protection. It is a well-known truth that

typhoid fever is the special scourge of armies, frequently carrying more mortality than shot and shell. To this end, a paper was read to the soldiers descriptive of the malady, and which included statistics of the enormous number of fatalities from typhoid fever in our war with Spain.

The men were not compelled to be vaccinated, but they readily volunteered, especially after some of their officers had set the example by baring their arms for the hypodermic needle. Redness, swelling, and an accompanying slight soreness manifested themselves in about three or four hours after vaccination. Headache, backache and fever were complained of also, but in the vast majority of instances, only to a slight degree, while as to really bad results, none were reported.

Inoculation, it is claimed, lasts but a year or two, but even so, the method must be regarded as a great boon to humanity.

Newer Uses for Epsom Salts

SOLOMON SOLIS COHEN, M.D., in the *Journal of A. M. A.*, cites his experience with external applications of magnesium sulphate for the relief of deep-seated pain from a variety of causes. While in many cases it failed, marked effects were secured in certain cases of cutaneous irritation, arthritis, etc. In the discussion it was shown that there are good reasons for believing that magnesium sulphate will relieve pain materially, and it is suggested that such applications may be useful instead of morphine in cases of deep-seated pains.

There is a strong tendency at present to use moist dressings, prepared with a solution of epsom salts instead of ichthyol in cases of erysipelas. It has also been used to some extent for burns of the first and second degree, giving much relief and evidently greatly aiding in the healing process. While Dr. Solis Cohen unhesitatingly states that the solution of epsom salts affords great comfort and checks the spread of local infection, he would not depend on it alone in serious cases.

A Typhoid Case in the Country

ANNA R. NELSEN.

I HAD completed plans to go with a party of friends on a two-weeks' camping trip, and had come into the registry office to take my name off the list. As I approached the desk the registrar turned from the telephone saying: "I was just trying to get you. Here is a case for you." I took the slip and read: "Typhoid in country. Go to J., a flag station on K. and L. road, on 11:09 train. Will be met." I asked that the case be given to the next nurse on the list, only to find that every nurse in was registered against going into the country.

It was in August, dog days and hot. I didn't want to go at all, but the obvious penalty of making plans to go camping, with my name on the registry list, was to take the case. Hot, blistering noon found me at the designated flag station, and a boy of about sixteen was waiting with a lumbering farm wagon and a team to carry me to my case.

After perhaps an hour's drive we had at a turn in the road come upon a view of the rear of farm buildings; house, outhouse, barn, pig pen, etc., and sloping down from them, a fertile green meadow, perhaps twenty rods wide, to the edge of a sheet of water. A picture of the possible results of typhoid in that house was forming in my mind when the boy issued a bulletin of information. "That's our house. That's C—— reservoir. That's our best grass on that meadow," and then, "See that ridge across it? That's where the water company made us put in a tiling. It's a bother to mow over, but the grass be-

low it is just as good as it was before. Folks said it wouldn't be—that the tile would take the barn wash; but it don't."

Typhoid *was* in that house! And this sheet of water was the source of supply for 8,000 people! The picture that had been forming in my mind was a reality, and the condition was mine to meet; the possible results mine to prevent. Never in all my experience did such a wave of depression sweep over me; such a feeling of utter inadequacy to become master of a situation. But a nurse may not indulge in such a fanciful belief as a premonition of evil, and I told myself that my feelings were engendered by my childish disappointment at losing my camping trip. Very soon we arrived and I was facing far more tangible things than premonitions of evil.

The situation, as I had time to sum it up before the arrival of the doctor, was simple enough. The patient came home ill the night previous, after an absence of several weeks, so the possibility of a source of infection in that locality was small. The patient had not bathed or had any clothing washed, nor had any excreta been thrown out. This, not through any appreciation of danger, but rather through a lack of common cleanliness; a characteristic of the household. They had absolutely no understanding of the nature of the infection. They knew it was "catching," and their precautionary measure was to hold the hand over the mouth in the sick room. Their appreciation of sanitation was absolutely nothing. True,

they had tiled their land in accordance with the demands of the water company, but in a spirit that it was an arbitrary and unreasonable thing, forced upon them. They openly expressed satisfaction that the "tile didn't take the barn wash." The kitchen and bedroom "slops" were thrown out a short distance from the kitchen door. There was no odor arising from the place, no pool or accumulation. The drainage toward the reservoir was excellent! The ground was dry and hard, and I felt as if one pint of water spilled on that slope would find its way into the faucets of C—.

The doctor came during the afternoon. His visit was the most unsatisfactory one I have ever experienced. While his later visits were not different, as I then expected less, my disappointment was less. I had gotten patient and surroundings in order and had made a few notes of important conditions. These notes, as well as myself, the doctor ignored entirely. He felt the patient's pulse without counting it. He then turned out on the bare mantelpiece two little heaps of tablets, brown and white, and said: "Take one before and after meals." I ventured an interrogation as to which and he said it made no difference. Turning to the boy, he said: "Stop selling your milk. The Board of Health will raise the devil if they find you out." With this he left the room, and I followed him out for directions.

I had previously decided on asking for his authority in the means employed for disinfection as I deemed it so extremely important and was loath to depend upon my own judgment. All I got was. "Use some carbolic round the room if you want to." I persisted,

and spoke of the danger to the people of C— through infecting the reservoir. "That," he said, "was up to the water company." As I turned to go in he asked if I was a registered nurse, and on my replying that I was, he remarked, as to the universe at large: "Fretting over something seven miles away from the patient is about as practical a result as I expected from their damned legislation."

I was very angry, and going back to my patient's room I wondered if any moral or professional obligation held me on the case. Must I give my profession's allegiance and obedience to him as the representative of the profession to which it was due? Was it due him in the face of his open insult to my profession? Was it my duty or my obligation to minister to these ignorant, unrefined people; to accustom myself to their coarse ways, coarse food, and uncomfortable quarters? If I was to have no moral responsibility concerning the spread of infection need I have any concerning this one man who was the source of infection? How much weight the fact that I knew there was still time to join the camping party had in these questionings I do not know. I do know that questionings were settled decisively, if not logically, by the appearance of the mother with a plate of beef and vegetables for the patient's supper. I knew the responsibility was mine, and all mine; not only for the patient, but pre-eminently for the spread of infection.

From the beginning to the end of the case the patient was the easiest and simplest feature that came under consideration. He had been taken ill in the town where he was working and the doctor there had diagnosed typhoid

and told him to stay in bed and have a nurse. He postponed compliance with orders until he had made the journey home. He then sent for a nurse, called the local doctor and betook himself to bed. He was ready and willing to submit to all regulations and restrictions after a practical reason therefor had been given. Even when the fever ran high and there was delirium this amount of realization of conditions remained with him. For instance, the delirium might take the form that he was driving horses; with arms outstretched and muscles tense and rigid he would repeat almost verbatim my explanation of why he must lie in bed, interpolating "Whoa, boys." "Steady," etc., into, "She says I mustn't get up. My insides are just like a pig's. I can think how they are, 'cause I've seen pigs butchered and mine look just so. Now the disease makes little thin sore places in the skin of the insides, and if I don't keep quiet them places will rip open, and that would give me something worse than colic."

I trust it was more accurate than technical, but fortunately for me it always prevailed over the manifestations of delirium, and it is a fair sample of the crude simplicity to which everything had to be reduced in order to reach their comprehension.

The boy of sixteen who was my sole helper was less keen of comprehension than the patient, and it taxed my ingenuity to the utmost to secure his very essential co-operation. The mother from the first was fault-finding and dissatisfied. "High-toned foolery," was her characterization of nearly every procedure. I saw I could not make her understand, so I tried to bring about necessary results with as little

friction as possible, but with the understanding, through the patient's ruling, that "Miss Nurse must have her way."

There were no sheets upon the bed, the patient being between cheap gray cotton blankets. I asked for sheets and the mother, having asked if I wanted clean ones, produced another pair of blankets, clean admittedly, and explained that she couldn't bother to wash sheets so much, so they used these blankets, and she washed them "spring and fall." Sheets I *must* have, and after grumbling and dissimulation she admitted that there were some in the house, and directed me to a chest in the attic, which to my delight was filled with clean sheets and pillow cases, coarse and heavy, and not too good for the very hard usage to which I subjected them. "We used them," Patient told me "when Min. was home, but mother won't bother for us boys." The problem of bed linen had been most happily solved, but there were others to face.

Giving my patient a bath, I observed blotches which were not rightly located for rose spots, and as I was examining them closely Patient explained: "Just bites. Nobody slept in this bed while I was away and the bugs were all ready for me last night." They were! From their habitat in a wooden frame bed, woven wire springs in a wooden frame and an excelsior-filled, cotton top mattress they could sally forth to feast and return to an impregnable fortress.

Discouraged? Well, maybe some, but resignedly so, and with the disposition to say "what next?" Next, and pressing for immediate attention was the disposal of excreta. Memories of Clara Weeks, or was it Isabel Hampton, or was it the stereotyped answer we knew would do on examina-

tion papers? presented themselves and said: "Mix with sawdust and burn." The application of the method proved its practicability. The available sawdust was what had been used for packing ice, damp of itself. Three hours a bushel of fine kindlings and more than a quart of kerosene oil had been used in disposing of the actual excreta of one day. It had produced clouds of vile-smelling smoke and brought the neighbors to find out the cause, and there was still a large pail of bath water and dirty clothing to be cared for.

I had about decided on having a pit dug and using large quantities of quicklime, and was looking about for the best location when I saw an immense iron kettle suspended over a fireplace made of stones. It was, I learned, for the purpose of scalding pigs at butchering time, and was large enough to completely immerse a three hundred pound pig. It had an ingenious pulley device for both filling and emptying easily. Here was a disinfecting plant all ready to work. All that was needed was wood and water, and they were at hand in abundance, and that night I worked out my plan as I lay fully dressed on a couch in the kitchen adjoining the patient's room. I lay fully dressed, because I could so best endure the dirtiest, most uninviting place on which I ever essayed to rest.

My order which I sent into town the following morning included 1 all iron cotbed with springs, cheap mattress and pillows for bed, 3 large covered galvanized garbage cans, 2 galvanized pails, 4 graniteware bed pans, 6 graniteware urinals, 6 graniteware wash basins, 6 cheap nightshirts, 12 bottles of ammonia, 6 packages Gold Dust washing powder, 50 yards of mosquito netting, 5

papers carpet tacks, 100 sheets sticky flypaper, 100 sheets poison flypaper, 6 wire fly "spatters."

This list, in addition to the usual sick requests of alcohol, hot water bottle powder, rubber sheeting, etc., made a list so formidable that in review I am surprised that they were provided with no more protest than was made over it.

I covered all windows and doors tightly with the netting, leaving only one means of ingress, that the only one in common use, through the kitchen, and this I rendered self-closing by means of a cord, pulley and weight. The patient's room opened on a small veranda, which I screened in completely, and here I established my garbage cans and sick room paraphernalia. Into these garbage cans partly filled with water went absolutely everything from the sickroom except the cups and spoons. These were boiled in the kitchen. Bedpans and urinals, with their contents, bed linen, body linen, sweepings, positively everything that went out of the sickroom went into the cans of water the whole to be boiled.

The routine resolved itself into this. Each morning the big iron kettle was filled two-thirds full of water and one-half pound washing powder and one-half bottle ammonia added. The can containing the soiled linen, the basins, and in general, the cleaner things were then immersed and the can cover removed under water by means of a hook on the end of a pole. The kettle was then heated and boiled for one half-hour. The contents were then dumped out on the smooth wooden platform where the pigs were scraped, the linen put piece by piece through a washing machine, using two waters, the second one well blued. Into the kettle, which had been

quickly refilled, was put the second can containing the bedpans, urinals and their contents, and boiled as before, but this time without the soap and ammonia, and boiled for one hour. The water was then turned off, fresh water, soap and ammonia added, and again brought to boiling. The kettle was then dumped, the utensils scrubbed with broom and brush, thoroughly rinsed, the kettle scrubbed, using coarse sand and a broom, and was ready for the next boiling.

It was crude but I could see no break, no place where the chain of technique failed. The third can, empty over night was ready in the morning for the utensils. The can in which the clothing was put was back from the boiling by the time the patient was bathed and his bed and body linen changed for the day. Aseptic precautions were used in opening the cans and in handling the cans and utensils. I boiled each day a large number of rags and always used a fresh one to open the cans and insisted on their use in carrying the cans to the boiling. There were a few times when, in order to have a supply of utensils for the night, I had need to boil that can twice a day, but this only for a few days when conditions were the worst.

The flies were easily controlled. After screening the house I caught or killed all that were inside. Afterwards I seldom saw more than two in the house any day, and these were at once killed. I kept both kinds of flypaper around the entrance, and also on the outside of my screens in verandas.

Having gotten the patient on the new bed I supposed my trouble with vermin at an end, but to my surprise and disgust, on bringing a light to the bedside that night I found they were all too

evident. Patient and Boy were not at all surprised, and investigation of the wide crack under the baseboard with a splinter proved that a reserve force remained. Every night for a week we laid a line of sticky flypaper a few inches from this crack. At first we caught eight or ten each night; later, only now and then one, and after a week a circle of the paper around each bed leg proved sufficient to protect from any stray recruit.

I have spoken of some difficulty I had in securing the co-operation of the boy, but at last I won his respect, and that by chance. One day he began complaining about the boiling. It was all nonsense; too much work, and the doctor laughed at it. When we were emptying the kettle he said: "This stuff is just as dirty as before it was boiled. It's just as dirty if it gets in the reservoir." I was tired that day, too tired and depressed to go over my exaggeratedly simple explanation again and I said, rather impatiently: "It may be just as dirty, but it's dead." The next morning when we were taking up the sticky paper on which the bedbugs were entangled the boy observed them meditatively and then said: "Mebbe that boiling is all right. These bugs are just as dirty, *but they are dead.*" I never had any more grumbling over that work.

Accommodations for my own toilet and rest were absolutely lacking. I took no off duty, but once each day usually about noon, if the patient was done up and the boiling over, I went to an unfurnished bedroom up stairs where I kept my suit case hanging on a hook in the ceiling, and my clothes hung over a line stretched between nails on opposite walls. Here I took a bath, using for the purpose one of the galvanized pails; changed all my clothes, including

shoes and corsets each day, combed my hair by my handmirror propped on the window sill, and so made a toilet to last twenty-four hours. At night I spread a clean sheet over the heterogeneous collection of old pillows and old blankets which made up my couch, and slept there fully dressed. In the morning I bathed my face in one of my boiled basins, wiped it on a towel I had seen boiled, and was "up and dressed."

I kept perfectly well. After the first week I became accustomed to lying down to sleep fully dressed and was not conscious of the desire to get my clothes off. Days when I was extremely tired I would lie down undressed on the sheet I spread on the floor for my bath, and would fully relax for a few minutes. It was a very great refreshment. I would never have supposed that lying down on a sheet spread on a hard floor would give a sensation of luxurious ease, but I proved it to be true. Comfort is without doubt a relative quantity.

The clothes, boiled and washed as I have described, looked so well that after one or two attempts to have my own washed separately, I having vowed myself to consistency, put my personal clothing through the general sterilizing process. I said, "if they are sterilized *they are sterilized*," and the disagreeable suggestiveness of the association is impractical. If I could stand the rest I could stand that. My underclothing I wore unironed, my dresses the mother ironed, unstarched, poorly, and with many protests. Her method, it seemed, was to buy a print wrapper and wear it until she bought another. I am reasonably certain that she never once removed her clothing while I was there. She combed her hair on Sundays.

The fever ran an average course, temperature baths for two weeks, some delirium for one week, several slight and two severe hemorrhages, and several "sinking spells," necessitating hypodermic stimulation. The doctor called five times while I was there. After his first visit I made no report on the case except in reply to direct questions from him, and there were very few. I conscientiously carried out the very few directions he gave, although these were always given to the patient, never to me. In addition to this I gave temperature baths, stimulation, nourishment, rectal irrigations, etc., entirely on my own initiative. I decidedly and deliberately overstepped and broke down the "limitations of the nursing profession."

I have always noticed that rulings for our profession's conduct are always based on the impeccability, the perfectness of the medical profession. On this case I felt a distinct sense of responsibility, but it was absolutely apart from any sense of responsibility to this doctor or his profession. I do not know what I would have done if conditions had arisen wherein I must call a doctor. Fortunately, that complication was not to be met.

One day, the boy being necessarily away, I had just finished the boiling and was just coming up, bringing my can of utensils. I was late, for the patient had needed much attention that morning. It was that hour of the day when womankind the world over feels, or should feel, the duty of being "prinked up." My hair had not been combed, nor had I seen myself in the glass for over twenty-four hours. My skirt was wet and smudged with the black of the fireplace. My sleeves were rolled high. I was without a collar. I was not even

conscious that a motorcar was stopping until I heard my name, "Anna Nelsen? It is Anna Nelsen. Have you gone crazy? What does this all mean?" It was the party with which I did not go camping! Tired and bedraggled, distressed and embarrassed, I answered vaguely some of the questions they hurled at me. With semi-hysterical laughter I claimed to be having a delightfully rustic time, assured them I was happy, and in the same breath tried to tell how essential it was that I do this work. For many minutes, minutes that seemed hours, they importuned, cajoled and begged me to leave such a place; but at last they went on, leaving with me some magazines and some bottles of ginger ale. I went to the house, mechanically and with routine asepsis. I put my magazines and ginger ale in the disinfecting can, and then fainted away. Down I went in an inglorious mix-up with my sterilized granite wear. I was where my patient could see me, and his cry that "Miss Nurse has tumbled down," brought the mother, and the vigorous and effective methods she used in reviving me were so prompt that I almost felt aggrieved that I had not had the respite of a few minutes' oblivion. Adjusted again to normal I found my patient's temperature required a bath—and—well, that was one of the hardest days. Later I made ineffective search for my magazines and my ginger ale, but could not recollect how I had disposed of them until we dumped the can for the boiling.

At the end of six weeks convalescence was well established. Patient was now up and dressed each day, and I wanted to get away. The consciousness of danger still existing and recollections of "Typhoid Mary" made me a little un-

willing to leave the place. A sister lived over the hill a few miles distant where there appeared to be no avenue of infection through a water supply, and it was arranged that the patient go there for a time. He went one morning. I did final sterilizing and started home in the afternoon, boy again carrying me in the farm wagon. On the way we met the doctor who stopped us and asked after the patient. Boy, proud of his knowledge, said: "He's gone over to Min's to stay so as not to infection the reservoir." The doctor, with a sarcastic laugh, said: "Why didn't you think of that scheme six weeks ago? It's a little late in the day to be careful now."

I presented my bill to the patient before he started away. I charged twenty-five dollars a week. It caused a clamor of protest. "Boy had helped me every day." "Patient wasn't very sick." "I'd had my board." "I'd slept some every night." "They hadn't any money." "Look at the lot of stuff I'd made them buy, etc., etc."

"Very, well," I said. "Think it over very carefully and send me what you feel that you can afford to pay." They had talked freely of financial affairs and I knew that the patient had a bank account double the size of mine, besides owning the farm, subject to the mother's life use of it. But perhaps they were of the great "middle class" for whose care we are responsible. I was too fagged out to wrangle over money matters and it could not be denied that the work I had done was not done with any thought of remuneration.

I left an addressed stamped envelope with the patient, and some weeks later I received it with two ten-dollar bills enclosed and a request for a "recete in ful."

Some Suggestions for Minor Ailments

IONA G. WILKINS.

AS in life it is, after all, the little things which make happiness or misery, so, often in sickness, minor conditions may occur which give more annoyance to the patient than really grave symptoms. Naturally, all conditions should be reported to the physician, but there are many times when he cannot be reached, and under such circumstances the nurse who successfully copes with these discomforts will be appreciated by patient and doctor alike.

I am giving below a few of the conditions which are liable to arise in the course of almost any disease, and treatments which I have found successful:

Fever Sores.—These little "plague spots" are the result of colds, indigestion or febrile temperature, and if not quickly checked may become decidedly painful and hard to cure. They usually occur on or near the mucous membrane of the lips or nose, although they occasionally are found isolated from a membrane surface. The minute they appear they should be painted thoroughly with flexible collodion, as this will form a protective skin, preventing further infection, while the ether has a tendency to dry up the exudate. If collodion is not at hand moisten the spot persistently with tincture of myrrh, 95 per cent alcohol, or keep it well covered with powdered bismuth. Under no circumstances should a salve or ointment be applied, as that will increase both the moisture and the tendency to spread. Zinc ointment is possibly the one exception to this rule, as it is of a drying and absorbing nature.

Canker Sores.—These are caused by excessive uric acid or nervous conditions, and if extensive are both painful and irritating. They can often be dispatched by frequent swabbing with tr. myrrh or alcohol. If particularly stubborn they may be cauterized with 5 per cent solution of carbolic acid (followed by alcohol) or nitrate of silver. In case the latter is used, get a small pencil, sharpened to a point, and be very careful not to burn any of the surrounding healthy tissue. An alkaline mouth wash used three or four times daily will be helpful in neutralizing the acidity of the secretions.

Sore Throat.—There are about "fifty-seven varieties" of sore throat, some of which are produced by intestinal disturbances, uric acid, catarrh, etc.; but for the ordinary sore throat, initiated by a cold, nothing brings quicker relief than a gargle of hot saline solution every two hours and a cold compress applied to the throat, covered with oiled silk and changed every three or four hours. If there is a collection of mucus in the throat and hoarseness is present, a piece of flannel saturated with oil of eucalyptus or camphorated oil (hot) applied to the throat over night will work wonders.

There is one thing to be remembered in applying hot compresses—that they produce open pores, and consequently a supersensitive skin. When one is removed the throat should be sponged with cold water, rubbed with alcohol and thoroughly powdered to avoid "catching more cold." If the throat

shows signs of extensive inflammation accompanied by a rise of temperature it is usually safe to apply an ice bag until the physician can be notified.

Toothache.—This is one of the most irritating pains that flesh is heir to, and is either the result of neuralgic conditions, an exposed nerve or inflammation at the root of the tooth.

Dry heat is soothing in the neuralgic phase, applied by means of hot water bags, flannel bags filled with hot salt or Indian meal, and, best of all, if it can be obtained, a flannel bag filled with heated dry hops. This has a very soporific effect and the patient will often drop off to sleep resting comfortably on the warm hop pillow. A mustard plaster is a good counter-irritant, but must be carefully applied, as the skin on the face is sensitive and easily blistered.

If there is a cavity in the aching tooth it should be packed with a plidgelet of cotton which has been soaked in alcohol, witch hazel, oil of wintergreen, cloves, peppermint or cinnamon. Equal parts of oil of cloves and chloroform is very efficacious, but should be handled carefully, as it burns the mucous membranes of the mouth. If the pain is very severe the cavity may be plugged with cotton which has been dipped in a 5 per cent solution of carbolic acid, and this kept in the tooth for half an hour. When it is taken out dry cotton should be packed in its place. This treatment can be used only where the patient is old enough to realize the importance of not swallowing the saliva while the carbolic swab is in the tooth.

If the gum around an aching tooth is red, swollen and spongy the chances are that ulceration is taking place at the root of the tooth. In the first stages of this process tr. aconite and tr. iodine, equal

parts (mixed), painted freely over the gum will "scatter" the infection. Oil of eucalyptus used in the same way will produce like results. Heat should never be applied at this stage, but an ice bag held against the cheek will be found comforting and delay or check suppuration.

Headache.—This arises from anemia, constipation, nervous conditions, etc. If the pain seem to be the result of intestinal toxins it is usually safe to give a high suds enema and clear out the intestinal tract. This done, nine times out of ten the headache will disappear. If the patient is anemic and has suffered much loss of blood at any time during the illness, a gentle upward rubbing of the arms, back and chest will increase the blood supply to the brain and help obviate the cause of the pain.

If the face is flushed and the head hot and symptoms of congestion are present a hot mustard pack to the feet and cold compresses to the head will relieve the congestion.

A nervous headache may often be relieved by massage of the scalp, mustard plasters or hot packs applied to the back of the neck.

Headache may indicate a lack of oxygen and call for an increased supply of fresh air. Under no conditions should "headache remedies" be given unless especially prescribed by the physician.

Acute Indigestion.—Surely Dante must have included this in his vision of Inferno—the pain while it lasts is nothing less than diabolical. It is caused by the presence of fermenting gases which press upon the organs of abdomen and thorax, often giving the patient the delusion that some serious heart condition is present. The first thing is to get rid of the flatus by means of hot packs or tur-

pentine stupes applied to the abdomen. A high suds enema, containing oil of peppermint, spearmint or wintergreen, retained a few minutes, will usually induce a free expulsion of flatus. Rhubarb and soda mixture given in teaspoonful doses every fifteen minutes for an hour, a glass of *very* hot water containing five grains of soda bicarbonate, or from five to ten drops of essence of peppermint, wintergreen or aromatic spirits of ammonia, sipped slowly—these are helpful remedies. If there is much retching it is often a good plan to help the stomach get rid of its undigested food by giving an emetic of ipecac, mustard and lukewarm water, or plain warm water. A mustard plaster over the pit of the stomach will help relieve the pain. The patient should have perfect rest after the attack is past, as the abdominal muscles are sure to be

sore, and the stomach and abdomen should be kept particularly warm.

Hiccough.—This usually denotes some digestive disturbance, but at the same time seems to be controlled by the nervous system. A sudden fright will often stop them entirely, but this will hardly do for a very sick person. Holding the breath while you count fifteen, taking seven swallows of water without pausing for breath, a mustard plaster or hot water bag applied over the diaphragm—these are all old and tested remedies, but the one I have found most successful is this—make firm pressure with the thumbs at the angle of the lower jaw for a moment, asking the patient to swallow four or five times. Pressure thus made on the pneumo-gastric nerve should not be continued for over eighty seconds.



NURSES' HOME, CIVIL HOSPITAL, MANILA, P. I.
See Nursing World Department.

The Nurse's Equipment for Private Nursing

AN OLD NURSE.

ONE of the most frequent complaints about nurses is that they are extravagant. People say, "We cannot afford a trained nurse, they want so many things and they make so much work." And I know that in thousands of cases the charge of extravagance is justified. No carpenter, no civil engineer, no brick mason, no paper hanger expects the people who employ him to furnish the working outfit necessary for him to do his work. Every one of these workers have their kit of tools. They would not think of going to a job without them. Yet I have known nurses to start out in private nursing with nothing but a thermometer to work with, and sometimes not even with that. If an enema is needed a fountain syringe, and perhaps rectal tube, has to be asked for forthwith, and before the first twenty-four hours on a case are over their "want list" has assumed considerable proportions. The man begins to wonder if these demands are to keep up every day. A man not long ago, in relating his first and only experience with trained nurses, said that almost every time he came home for a meal the nurse had an errand of some kind waiting for him to the drug store for appliances of various kinds. He said he hadn't expected to have to run a hospital or equip it when he hired the nurse, and after three days of it he made up his mind that his purse couldn't stand it to keep her much longer. He figured on paying her the fee she asked, but he hadn't figured all the extras, which he would probably never need again, so he looked around

for an untrained, motherly sort of woman, who would be willing to take care of the patient without making so many demands in the line of things to work with.

Personally, I think it pays in dollars and cents for a nurse to keep up a good working outfit. Nurses are often deceived by the appearance of a house into thinking that people are wealthy, when the facts are far from it. The other day I happened to call at the home of a lady whom I had known for some time. The home was on one of the most fashionable streets. There was a neat, tiled vestibule; the reception hall and room had the appearance of luxury. Everything was in exquisite taste. Any casual visitor would have decided that they must have an income of at least three thousand a year. Yet, before I left, she told me that she could not subscribe to a certain fund, for it took every cent they could scrape together to meet expenses; that a few months before they were afraid they would lose their home; that they had made a mistake in putting their entire savings into it for a speculation, thinking they could easily sell it at a good profit; that her husband worked in a tea store at fifteen dollars a week; that she never could afford to pay for getting her sewing or washing or anything else done, and that she had been trying to save for months so that her husband could afford to get some dental work done which he very badly needed. Therefore, it is well for nurses to judge not by appearances in these days as to the size of the family purse.

If I were advising a young nurse about her outfit I would say, first of all get a thermometer and hypodermic syringe. The triple thermometer case, which holds three thermometers, is a good investment. It provides in one case a thermometer for mouth and rectal use, and also one for the bath. The nurse who it fitted to carry out even simple hydrotherapeutic treatment, on which temperature of the water is so important, and in which good results are only obtained when accuracy and exactness in methods are practiced, should by all means have a bath thermometer of some kind. Even in giving an ordinary vaginal douche there are many cases in which it ought to be used.

The hypodermic syringe should be kept in good working order, and a package of extra needles provided. In a serious case it is certainly exasperating to a doctor to be told by the nurse that she failed to give the hypodermic injection as ordered because she found her needle was stopped up or broken. Next would come a fountain syringe and rectal and vaginal nozzles. I like the white enamelled cans best because, though they are bulky to carry, they are more durable and dependable than rubber. A hard rubber rectal syringe for giving nutrient enemata is convenient, but a small funnel with a colon tube attached can be made to answer as well. A couple of salt solution needles, with tubing that can be attached to the fountain syringe, have been the means of tiding over a serious emergency many a time. They do not cost much and are easily carried.

I have known nurses who thought they could not possibly take care of an obstetrical case of any kind without a bedpan, and who made a practice of

asking every patient to provide one. Some of the patients can easily afford it, others cannot, and considering that our grandmothers raised big families without ever having had one in the house, and were strong and healthy, a bedpan is not an absolute necessity in all such cases. It is a convenience to be had if the family can afford it. A nurse who is very successful and popular keeps in her closet at her rooms a little crockery Eureka bedpan, and one of the small-sized "perfection" bedpans, which she sends for if she needs. She rarely asks any family to supply a bedpan or an ice-cap or anything which they will not likely need for a long time again.

I think it will pay the nurse who expects to do much obstetrical work or surgical work to provide herself with a small-sized sterilizer of her own, and not have to resort to makeshifts. It is all very well to read about how to improvise a sterilizer out of a washboiler or a kitchen steamer, and in dire emergency such makeshifts can be tried, but it is poor policy to go on depending on such methods year in and year out when for five dollars or less one can get a neat little portable sterilizer that will answer the purpose splendidly. They can be set on top of the ordinary cookstove, and can be carried in a parcel strap.

Among the things which I have accumulated are a small piece of rubber sheeting, which can be slipped under the bedpan or chamber. It helps to save washing. A box of rubber finger cots is a thing which I think every nurse needs to keep on hand for her own protection, if not for the protection of her patient. A couple of medicine glasses, a minim glass, a silver or glass female catheter and a couple of soft rubber

ones, a pair of thumb forceps and also a pair of longer dressing forceps, a pair of surgical scissors, a graduated glass for measuring urine, charts and record blanks are sure to be needed. A neat chart board or holder of some kind helps to keep the records in neat shape. A small writing pad and a stock of small, cheap envelopes are handy to have if for any reason written messages to the doctor are to be sent. This often happens when there is no telephone in the house.

A baking powder tin can be used for making a small supply of ice cream or other frozen dishes, but lots of up-to-date nurses have a little ice cream

freezer of their own, which they use to good advantage in catering for patients who have a protracted convalescence. A little medicine tray is a convenience, but a plate can be used, of course.

In the line of uniforms it pays to keep a good stock on hand. No one wants a slovenly looking nurse around, and I have known more than one nurse to lose a good paying case because all her uniforms were at the laundry and she had absolutely nothing on hand fit to start to a case with. It doesn't pay to run short on uniforms, and the wise nurse will see to it that her clothes go to the laundry promptly and will keep a set of uniforms ready for work.



NURSES' HOME (ON LEFT), SAN LAZARO HOSPITAL, MANILA, P. I.

See Nursing World Department.

The Diet Kitchen

Food and Its Use

ROSAMOND LAMPMAN.

IN our physical lives there is scarcely such a thing as rest, the many organs and tissues which compose the body are undergoing perpetual changes, and this constant activity is everywhere followed by waste, great or small, according to the act on the part of brain, nerves or muscles. The comparison so often made between the process of nutrition and the development of energy from food in the body to that of the steam engine, which uses coal and water to produce motion, gives us a very good illustration in some respects, for as the engine takes its material in the form of fuel and converts it into action, so does the body derive its heat, muscular and intellectual energy from food, drink and fresh air.

But unlike the steam engine the body, in health, is always wasting and building up. In childhood during the period of growth and development, when the muscular and nutritive activity is greatest, repair exceeds waste; while in the adult life, when the period of growth has passed and the bodily activity is less, food is more especially devoted to maintaining the balance between waste and repair.

Of the many chemical elements contained in the human body, and which must be represented in more or less quantity in our food in order to nourish and repair it, oxygen, carbon, hydrogen

and nitrogen constitute nearly the whole; calcium, phosphorus, potassium, sulphur, chlorine, sodium, magnesium, iron, fluorine, etc., existing in very small amounts.

For the convenience of comparison foods have been divided into four classes: 1, Protein Compounds; 2, Carbohydrates (starches and sugars); 3, Fats, and 4, Mineral Salts. Water and air are also enumerated among foods.

The protein compounds contain carbon, hydrogen, oxygen and nitrogen, and are called the nitrogenous foods. The starches, sugars and fats are composed of oxygen, hydrogen and carbon, and are considered under one head as the non-nitrogenous foods. All these principles yield energy in the form of heat and muscular strength, and no dietary can be complete that does not contain some of each in certain proportions.

Since protein includes the principal nitrogenous compounds of our food it is the most essential of the food elements for the construction and maintenance of the human body. Protein not only provides muscular power and heat, but it furnishes nutriment for the blood, tendons and all nitrogenous tissues, repairing the waste when these wear out. From estimates made by chemists it has been decided that the body of a healthy person of ordinary weight, doing an

average amount of work, contains about 18 per cent of protein, and the amount of this important food element cannot fall below four ounces a day without more or less loss to the system.

The most important of the nitrogenous foods are the lean meats, eggs, beans, peas, all grains, oatmeal, milk and cheese. Owing to their complex composition most nitrogenous foods decompose more readily than other foods. It is, therefore, always necessary that they be as fresh as possible when obtained.

Protein compounds are divided into three classes: Albuminoids, Gelatinoids and Extractives.

The albuminoids are found in milk, oysters, lean meat, the gluten of wheat and the juice of some plants, but the purest form is obtained from the white of egg. Some of these are soluble in cold water, and nearly all in diluted saline solution. Heat has also the power of coagulating albuminoids and rendering them insoluble.

A little experiment may be made to prove the changes which take place when albumen of egg is heated by putting the white of egg into a test tube and placing it into a basin of tepid water. As it is slow-warmed no change will at first be observed until the temperature raises to 134 degrees Fahr. It is at this point that coagulation begins. Slender white threads will then appear, which increase until at 160 degrees it is completely coagulated and nearly opaque, yet tender and jelly like. If the temperature is raised to the boiling point (212 degrees, the temperature of boiling water), the coagulated mass will become close-grained and somewhat tough, increasing in tenacity with a continued raise of temperature.

These changes in albumen show that

the proper temperature for cooking albumen is that at which it is thoroughly coagulated without hardening. Therefore it is not desirable to cook eggs, oysters or any dishes containing eggs and milk—as custards, creams and puddings—higher than 160 degrees, in order to secure the most satisfactory results.

It also shows that the white of egg when heated at the temperature of boiling water for a few minutes, becomes hard and contracts, which explains the curdling of custards and the toughening of omelets, souffles, meringues, etc., rendering them so difficult of digestion, for the gastric juices cannot penetrate them easily, and very often they are not digested at all.

In the cooking of meats this toughening of albumen, when exposed to a certain degree of heat, is often an advantage, for when a piece of meat is placed into boiling water the albumen in its outer layers will immediately coagulate and harden, forming a firm covering over the whole, which retains the juices and valuable flavorings of the meat while rendering other nitrogenous substances tender and palatable.

In making broths or soups the meat is placed into cold water and brought slowly to the boiling point in order to draw out all the soluble matters and flavorings contained in the meat into the liquid.

Roasting or broiling meats in a very hot oven or over a hot fire for a few minutes, and continuing at a moderate temperature, results in cooking them in a manner which is, in some respects, similar to boiling, except they are cooked in their own juices instead of water.

The gelatinoids, of which gelatine is the leading constituent, is the second class of protein compounds. It is found

in various parts of the body, particularly the skin, tendons, cartilage and soft parts of the bones. It is dissolved completely by long boiling, which produces a liquid that solidifies on cooling to a jelly. This substance so produced largely constitutes the gelatine of commerce.

(To be continued)

Menus for Nurses' Dining Room

(Contributed)

MONDAY.

Breakfast.

Cereal. Toast.

B. & B.

Bacon and Eggs (one egg to an order).

Stewed Fruit.

Coffee, Milk or Tea.

Luncheon.

Vegetable Soup.

Hamburger Steak with Tomato Sauce.

Baked Potatoes.

A Salad. Peas.

Hot Gingerbread.

Coffee or Milk.

Dinner.

Boiled Leg of Mutton with White Sauce.

Mashed Potatoes.

Stewed Tomatoes. Pickles.

B. & B. Apple Tapioca.

Coffee, Tea or Milk.

TUESDAY.

Breakfast.

Cereal. Hot Biscuit.

Broiled Rump Steak, Fried Potatoes.

Baked Apples.

Coffee, Milk or Tea.

B. & B.

Luncheon.

Soup.

Cold Meat, Escalloped Potatoes.

A Salad. Stewed Tomatoes.

Ketchup.

Bread and Butter Pudding with Vanilla Sauce.

Coffee or Milk.

Dinner.

Veal Loaf.

Corn Pudding.

Browned Potatoes.

Boiled Rice in Milk.

Cold Slaw.

Custard Pie. Coffee or Milk.

WEDNESDAY.

Breakfast.

Uncooked Cereal served with Milk.

Yankee Baked Hash.

Oranges. Griddle Cakes.

B. & B.

Coffee, Tea or Milk.

Luncheon.

Soup.

Lamb or Mutton Chops.

French Fried Potatoes.

Spinach or Creamed Cabbage.

A Salad.

Cottage Pudding with Lemon Sauce.

Coffee or Milk.

Dinner.

Roast Beef.

Mashed Potatoes. String Beans.

Asparagus on Toast.

Chow-chow.

Ice Cream and Plain Cake.

Coffee or Tea.

THURSDAY.

Breakfast.

Corn Meal Mush

Eggs, Boiled or Fried.

Muffins. B. & B.

Potato Balls.

Stewed Prunes with a Thick Syrup.

Coffee, Tea or Milk.

Luncheon.

Boiled Meat, either Beef or Ham.

Soup.

Boiled Potatoes with the Meat.

Peas. A Salad.

Apple Pie.

Coffee or Milk.

Dinner.

Breaded Veal Chops or Cutlets with Cream Sauce.

Vermicelli with Eggs, cooked in Milk.

Mashed Potatoes.
Pickles. Creamed Onions.
Lemon Gelatine.
Coffee or Tea.

FRIDAY.

Breakfast.

Broiled Steak or Fish.
Hot Biscuit. B. & B.
Stewed Potatoes.
Stewed Fruit.
Coffee, Tea or Milk.
Cereal.

Luncheon.

Soup (cream).

Baked Fish or Boiled Fish with Egg Sauce.
Macaroni with Cheese, cooked with Milk.
Baked Potatoes. Baked Beans.
Baked Apple Dumpling.
Coffee or Milk.

Dinner.

Roast Beef or Fish.
Browned Potatoes. Stewed Tomatoes.
Potato Salad.
Steamed Fruit Pudding.
Coffee or Tea.
B. & B.

SATURDAY.

Breakfast.

Cereal.
B. & B. Toast
Sausage. Potatoes.
Stewed Fruit.
Coffee, Tea or Milk.

Luncheon.

Soup.

Beefsteak Pie, Fried Potatoes.
Stewed Carrots with Cream Dressing.
Bread and Butter Pudding.

A Salad.

Coffee or Milk.

Dinner.

Pot Roast of Beef with Potatoes Browned.
Boiled Rice. String Beans.
Cream Pie.
Coffee or Tea.
B. & B.

SUNDAY.

Breakfast.

Oranges.
Uncooked Cereal.
Griddle Cakes.
Omelette, either Plain or with Jelly.
B. & B.
Coffee, Tea or Milk.

Dinner.

Soup.
Stewed or Roast Chicken.
A Salad.
Mashed Potatoes. Peas and Rice.
Cold Slaw.
Coffee or Milk.
B & B.

Crackers, Cheese and Raisins.

Supper.

Cold Ham, Cold Tongue or Cold Beef.
Ketchup. Potato Salad.
Jelly or Sliced Oranges or Baked Apples.
Crackers. Cheese.
Coffee or Tea.
B. & B.

Personal.

Miss Charlotte M. Perry, whose resignation as superintendent of nurses at Faxon Hospital, Utica, N. Y., has been announced, will go to Boston, where she will enjoy a long rest. Miss Perry has been at Faxon Hospital for six years and her resignation was induced by the condition of her health. Besides the many expressions of appreciation and regret that Miss Perry received from the trustees and others interested in the hospital, the Alumnae Association presented her with the

hospital pin. Miss Perry is succeeded by Miss Clara E. Illig, of Ilion, N. Y., a graduate of Johns Hopkins Training School.

Miss Ella Hollister, one of the most experienced and successful nurses at the City Hospital, Rochester, N. Y., has been appointed head of the Friendly Visiting Department at the City Hospital. This is a new department, opened for the purpose of caring for patients after they leave the institution. Miss Hollister made 161 such calls during February.

Editorially Speaking

What Should Nursing Magazines Contain?

THE following is an abstract from an article published in the leaflet of the St. Luke's Alumnae, Chicago, and quoted editorially in the April American Journal of Nursing:

"The vast majority of our profession is doing 'private duty', and great, noble and self-sacrificing as is the work of the private duty nurse, it is a narrow groove. It is the private duty nurse who makes the cry for articles on 'how to do things,' instead of what is being done in the nursing world, who will tell you she prefers THE TRAINED NURSE to the American Journal of Nursing because it has articles on how to care for a typhoid patient, and how to modify milk, not seeming to grasp that the doctor for whom she is nursing will tell her how to modify the milk and what he wants done for the patient, and that for good useful information on the changes of the times, an up-to-date medical magazine will help her much more than some individual nurse's idea on the instructions she has obtained second-hand from a doctor who has obtained his from that same journal."

We have wondered whether it was a spirit of great magnanimity or a great sense of humor which led the editor of our esteemed contemporary to quote the above article. We believe a combination of both. It was certainly magnanimous to publish such a testimonial to THE TRAINED NURSE, for one could hardly find a stronger one than the statement that the vast majority of the nursing profession is doing private nursing and that the private duty nurse prefers THE TRAINED NURSE. On the other hand, it requires a keen sense of

humor to take official recognition of a joke on one's self as is done by the publishing of the Leaflet's statements.

The article in question is very interesting, but is it not a little bit confused? To us it seems to contain and imply a number of contradictions. We will not dwell on the merits of the suggestion that the graduate nurse should look to the physician on the case for instruction as to how to care for the patient, or the very slighting comment on the nurses and physicians who contribute the splendid articles to our nursing journals, but would ask if it is not possible that after all nurses really have a right to expect something about nursing in a nursing magazine? In fact, if they are not to have nursing articles in nursing papers, what excuse has THE TRAINED NURSE or the American Journal for existing at all? According to the Leaflet, nurses should get their necessary professional information from medical papers. They ought not to require nursing information, for the quotation implies that they should have learned everything possible on nursing lines before graduation. It stands to reason that general information can be better obtained from some valuable review like the Outlook or the Review of Reviews than from any nursing journal. The small magazines of the State and Alumnae Associations keep nurses pretty well informed on what is being done in their immediate nursing world. So again we ask, What right has THE TRAINED NURSE, the American Journal

or any other general nursing magazine to exist on this showing if it ~~does~~ not publish articles on nursing? Again, is there not something very narrow in the idea that when a nurse graduates, she has acquired all there is to know about nursing and that no doctor or nurse can add to her knowledge?

There is much said about the difference between trades and professions. One of the definitions is that a profession is always advancing. A trade when learned is followed more or less mechanically. If a nurse is not to progress after graduation and acquire new nursing knowledge, is this not turning nursing into a trade? Oh, but, you say, she will get her information from medical journals. Now, frankly, is the ideal nurse one who is trying to acquire the knowledge of a physician in order to be a physician, or is she simply a nurse? There is no room for a hybrid profession between the two. We do not believe that private duty is a narrow groove, or that private nurses are narrow because they want nursing information in nursing magazines.

THE TRAINED NURSE has always stood for progressive nursing, and we make the emphatic statement that every subject which is of any real value to nurses or nursing has been prominent in the pages of THE TRAINED NURSE. We frankly admit we have not published articles on socialism, anarchy, woman suffrage and other subjects which are out of place in a nursing magazine. Let us have nurses who are not afraid to be nurses and nurse. Let us have nursing magazines that hold to nursing as their subject matter, for it is this policy which has made it possible to say that the private duty nurse prefers THE TRAINED NURSE.

The Question of Thrift

THE improvidence of nurses as a class is one of the common failings which is universally deplored. Part of the trouble lies in the lack of systematic business habits in women in general; part of it can be ascribed to the fact that many nurses come to the training school direct from homes in which the girl received her board, clothing, etc., was cared for, given a little pocket money occasionally, but had no stipulated allowance that was her own, and no account was ever required of what she did with the little money that she had.

When she graduates and begins to earn twenty-five dollars a week the sum looks large to her, and she begins to spend freely as soon as she is off the case. She makes no record often of what she spends. The money simply slips through her fingers. It is questionable whether, if the remuneration were much larger than it is, many nurses would be much better off than they are, for it is not more money that will bring such women independence. The condition of being "strapped" periodically, of which many nurses complain, results more from want of thrift than any other cause. They are imprudent in their management of the money which they earn. Like most other women, the young nurse expects to marry and be supported in common with the majority of womankind. They do not begin at the beginning of their career as nurses to plan so that by middle life or soon after they will have sufficient laid aside to practically meet their needs should they give up active work.

There are many places, particularly in the smaller institutions, where a woman past fifty can continue working and

earning as much or more than at thirty, but as a rule the private nurse's best earning years are over at forty-five. If she begins her nursing career later than twenty-five she has fewer years of full wage-earning ability to look forward to.

It cannot be too often or too strongly impressed on the young nurse that the time to begin to save is the very first month after she begins to earn. She should investigate the banks in her town and start her bank account, even if she cannot see her way clear to deposit over ten dollars at the beginning.

Much has been said and written about pension funds, special forms of insurance for nurses, relief funds, etc., yet it is hard for the onlooker to understand why nurses should need a special form of insurance more than stenographers or teachers or any other class of women. There are well-established insurance companies which provide for "sick benefit" payments on condition of small monthly payments. A nurse whom we met recently who had been nursing only about two years was off duty on a protracted holiday and drawing a "sick benefit" of six dollars a week. If necessary she could continue to draw it for six months. It was made a condition of employment at the institution in which she had been employed that she should, from the beginning of service, pay into the "sick benefit" fund of a certain insurance company. Individual alumnae associations could do much to promote thrift by urging the members, or even requiring them, to make some such provision through some reliable local insurance company. But that the national association of nurses should venture to plan wholesale for sick benefits for nurses, or that the associated alumnae should become, or attempt to become, a

"home office" for permanent relief, or that nurses in general should be asked to contribute to a general relief fund, as has been suggested, are questions upon which there is much diversity of opinion, many deeming it unwise and unnecessary.

In practically every city there are insurance companies which offer insurance on a variety of terms. Accident, sickness and a variety of other forms of insurance can be secured on small monthly payments. When earnings begin is the time for nurses to start to provide for the future, when they may become weakened, disabled or their earning capacity may be greatly reduced or entirely cut off. It is a question of the development of personal prudence, rather than the creation of a special relief fund that needs constant emphasis.



The Twenty-five Years' War with Tuberculosis

ON the first day of February of this year was celebrated the twenty-fifth anniversary of the establishment of the Adirondack Cottage Sanitarium, which was the beginning of the actual campaign against tuberculosis in this country. There Dr. Trudeau began to demonstrate that fresh air, good food, rest and wholesome surroundings would cure tuberculosis. In the little one-room cottage the "fresh-air gospel" was preached and practiced, though less than a dozen patients were treated by Dr. Trudeau during the first year. Some may be inclined to murmur at the slow progress that has been made, but a glance at the sanatoria dotted all over the country, at the money that has been poured out to carry on the war, at the tuberculosis clinics and classes, and the manifestation of popular interest on the part of

the general public should be sufficient to make optimists of us all. The next twenty-five years will see a wonderful increase in the ranks of "tuberculosis nurses." There is no doubt that the work calls for a type of nurse differing widely in her general make-up and professional equipment from the nurse required for general bedside care, either in hospital or home. For the nurse's own sake, and for the spread of general intelligence, much more emphasis should be put on this subject while in training than is done in the average school. It is gratifying that facilities for post-graduate instruction and experience along this line are increasing—increasing, it would seem, more rapidly than nurses are ready to avail themselves of them. There seems to be no crowding in the ranks of tuberculosis nurses thus far.

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The Nurses' Food

REFERRING to the question of nurses' food a correspondent has called our attention to a remark made by a prominent superintendent. He said, in discussing the question: "Almost any change is satisfactory for a while, but bye and bye it begins to be an old story and is less satisfactory. In our hospital it has seemed that the first year the nurses were with us they considered the food first rate, and they have said so frequently. The second year they have said nothing, and the third year the food was pretty bad in their estimation."

We are inclined to think that the monotony of the same dining room and surroundings, and the monotony which is inseparable from institutional life has a good deal to do with complaints about food. Nurses have told us that after a trial of private nursing, when they

received a call back to the hospital to nurse a special case, they were able to appreciate the hospital meals which before graduation seemed so unsatisfactory. On the other hand, the contributor in the March number who signs herself "One Who Knows," has had unusual opportunities to study this question and should know whereof she speaks.

Unquestionably maids are often careless about keeping things hot, but sometimes just calling attention to the trouble in a nice way will help to remedy conditions.

We have in this number some suggestions for a week's menus for the nurses' table. We would be glad to hear from others on this subject. We would also like suggestions as to the best plan for serving and preparing meals for night nurses.

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Isabel Hampton Robb

As we go to press word reaches us of the death of Mrs. Hunter Robb, nee Isabel Hampton, at her home in Cleveland. Mrs. Robb's death, which will come as a great shock to the nursing profession, was the result of injuries sustained when she was run down by a trolley car some weeks ago.

Mrs. Robb was a graduate of Bellevue Training School, New York, and before her marriage was superintendent of the Illinois Training School, Chicago, and the Johns Hopkins Training School, of Baltimore. She was instrumental in establishing the two national societies of nurses and the course in hospital economics at Teachers' College. Mrs. Robb's attractive personality gave her a large and enthusiastic following among nurses, and her loss will be keenly felt by many.

The Hospital Review

Cancer Research.

Some exceedingly interesting experiments in cancer research have been conducted at the Roosevelt Hospital for some time. The experiments have been along the line of serum-therapy. Forty-seven individuals have been experimented on—many of them having been declared "inoperable." Injections of the special serum were made and in all the tumors are reported to have lessened in size and in some to have disappeared entirely. The experiments are being continued and will be watched with interest.

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Psychology and the Babies.

At the society of the Lying-In Hospital, New York, a new line of investigation has been started under the direction of one of the attending physicians. It is reported that a special nurse is to be employed to keep a psychological chart under something like thirty headings, recording daily observations of infants for the first fourteen days of their life, thereafter weekly observations for the third and fourth weeks, and further observations for the second and third months.

Here are some of the phenomena to be observed day by day and recorded: The action of the eyes as to light, whether the baby evinces pleasure or discomfort in light, its notice of colors, notice of persons or things, its fear or pleasure in things seen, its notice of sounds, whether it be quieted or waked or startled by sounds, its fear or pleasure in sounds heard, its notice of touch and the fear or pleasure or discomfort it manifests in touch, whether it be startled or waked by touch, and when or whether it notices heat or cold.

Then, too, the baby's pleasure or discomfort in the bath is to be noted, and when or whether it appears to taste or to discriminate between salt, sweet, bitter and sour and the effects of taste; its pleasure or discomfort in taste or in smell, its notice of cold or heat, hunger or thirst or tight clothing; its cry of discomfort in pain, its signs of fatigue, its first smile and its first laugh, the average time of sleep, its instructive, impulsive or reflex move-

ments; its expressed or voluntary movements, the first vowel or consonant sound uttered and the first combination of articulate sounds, its first grasping for anything, its show of astonishment or curiosity, its thumb sucking, and lastly baby's emotions in general.

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Presbyterian Hospital, N. Y.

Probably the most eventful year in the history of the Presbyterian Hospital, New York, was the one that closed September 30, 1909. During that year two noted men, whose labors have contributed mightily in the building of a great institution for more than a score of years, were removed by death—Dr. Andrew McCosh and Mr. John Stewart Kennedy. On the celebration of the golden wedding of Mr. Kennedy, in October, 1908, the hospital was presented by him with a gift of a million dollars, and by his will a further gift amounting to not less than \$2,500,000 is provided for the hospital.

In the private rooms and wards of the hospital during the year, 3,583 patients received treatment; in the emergency ward 8,525, and in the dispensary 28,190. The visiting nurses treated 1,258 patients in their homes. The total number treated in all departments was 42,984—an average number of patients per day in all departments of 598. The expenditures for the year amounted to \$307,355.99. The daily average patients in the hospital wards was 209. Several minor but much appreciated improvements have been made. In the babies' bath room, bath tubs have been done away with and an equipment of bath tables and a spray removes all danger of infections and insures a warm, safe and quick bath under ideal conditions. Off the children's ward a new roof pavilion has been built of iron with canvas awnings and sides.

The serving pantries in the medical building have been re-arranged and enlarged and an equipment for the sterilization of typhoid dishes, etc., has been provided. A new diet kitchen relieves the overcrowded general kitchen of certain lines of invalid cooking

which require special care. It is in charge of a trained dietitian, but the actual work is done by the nurses in their probation period. A social worker for the hospital wards has been provided by the gift of Mrs. D. O. Mills.

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A Novel Treatment for Pneumonia.

An exchange has the following note: "A novel treatment for pneumonia has recently been tried with considerable success at the St. Francis Hospital, New York, based on the hypodermic injection of large doses of camphorated oil, the injection being repeated every twelve hours until the crisis is past. Experiments have shown that camphor is very destructive to the pneumococcus, and will check the growth of the germs even when diluted 10,000 times. It is because of this discovery that the treatment has been tried, and though only of recent introduction it has already met with marked success.

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Notes and News.

The need for additional buildings to keep pace with the growth of Massachusetts General Hospital is emphasized by the superintendents in the annual report. Large offices, a patients' reception room, vaults for protection of valuable records, new quarters for resident physicians, some of whom are now obliged to live away from the hospital grounds, and an addition to the nurses' home or an entirely new structure for their use are among the needs.

The Laura Franklin Free Hospital for Children, New York, reports another highly successful year's work with "a slight increase in everything." Six hundred and eighty-three patients received care and the per capita cost per day was a little over sixty cents. The annual volume as usual is well illustrated and one of the most readable and interesting of all that come to our desk.

The Passavant Hospital, Pittsburg, has added another building for a dormitory, laundry and power house. Other changes have been made by which a fine laboratory has been secured. The improvements cost \$43,509.

Cobb Hospital, St. Paul, under the capable management of Miss Lydia Keller, superin-

tendent, has completed another successful year's work. The location of the hospital seems almost ideal for those needing rest and freedom from noise.

The directors of the Chicago Lying-In Hospital are planning the erection of three branch hospitals, one in each of the main divisions of the city. The first of these is to be erected at Vincennes avenue and East Fifty-first street, at a cost of \$30,000.

The Watertown, South Dakota, Hospital has accommodation for twenty patients. Last year there were two hundred and fifty cases, one hundred and fifty of which were surgical. Out of this number twelve died, but most of these cases were hopeless at time of coming to the hospital. Miss Winifred Boston is superintendent.

The new Hospital for Women at Baltimore has been opened. Miss Stone is superintendent.

The City Hospital at Minneapolis has far outgrown its accommodations and Dr. Herbert Collins, the superintendent, is making a strong plea for immediate steps to be taken to relieve the overcrowding. What is wanted is a new wing, costing \$100,000; a new contagious department, costing \$90,000; a remodeling of the present contagious department to house the nurses, \$15,000; for maintenance, \$100,000.

Work has begun on the new \$200,000 addition to Mercy Hospital, formerly the City Hospital, Baltimore.

Two new buildings are being erected at the Southwestern Insane Asylum at San Antonio, Texas, at a cost of about \$100,000.

Plans are being made for the new hospital to be connected with the University of Minnesota. The present hospital building is but a year old—two old fraternity houses having been converted into what are known as medical and surgical pavilions. The new building is to accept no paying patients.

The Clara Barton Hospital at Los Angeles is to be enlarged at a cost of \$40,000.

In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS.

Some Unsettled Questions in Training School Policy

Every institution has its unsettled questions of policy, some of them have a great many. Hospitals as a whole, which have only within the last few years developed a "get-together" spirit, and manifested a desire to "reason together" for the general good, have still a great many unsettled questions of policy. Some few of these unsettled questions centre in the training school.

Perhaps one of the most needed and not the least important lessons learned in recent years is that we might as well quit trying to make "blanket" rules or recommendations in the expectation that they will fit and cover all the diverse varieties of hospitals and hospital schools in this wide country. Again and again it has been tried, and again and again it has failed.

For the present it looks as though we might have a season of rest from discussion as to the relative merits of the two and the three year course. It has been definitely decided that there are hospitals that can give a good two-year course that cannot properly spread the work over three years and vice versa. The question of preliminary education is one that only time and natural growth of the country can settle as a whole. It will settle itself in time.

A question that is almost as old as the first American training school is whether or not pupil nurses shall be allowed to secure any experience in nursing in private homes prior to graduation? Some twelve or fifteen years ago the cry was raised that hospitals by allowing their pupils to gain such experience in private homes were thereby taking the bread out of the mouths of hospital graduates. Various attempts were made to bring pressure to bear on hospitals to stop the practice. The Nurses' Associated Alumnae of the United States, led by a few ambitious spirits, were induced (unless we have been misinformed, to insert a clause in the by-laws of that association to

the effect that graduates of hospital schools in which the pupils were permitted to nurse at all in private homes were not eligible for membership in the association. The report of the eligibility committee of that association for 1908 states that all the applications for admission to the association complied with the required three years' course; that of the number of applications rejected "one school sent nurses out to one case during the senior year, the experience being considered valuable. Sometimes no charge was made—when it was the proceeds went to the hospital treasury. The committee recommends the consideration of the feasibility of one case during training, the length of the case being specified as well as the disposal of the money so earned." There is no record to show that this recommendation or suggestion of the committee was considered worthy of a moment's discussion.

The increase in the number of private patients demanding special nursing in hospitals, which kept the entire nursing force busy and often necessitated the calling in of graduate nurses to assist—this with the more exacting demands of the medical profession, which made it impossible for a nurse to care for as many patients as in former years, definitely settled the question for many hospitals, especially those having any considerable proportion of private patients.

It very soon developed, however, that though hospital graduates were ambitious to control the whole field of private nursing they had no intention of responding to calls under a certain rate per week. They would prohibit pupil nurses if they could from being sent to patients in private homes, however great the need, and if the people could pay but a moderate remuneration they would not go themselves. They could not meet all such calls however willing they might be. It was another case of mistaken leadership and mistaken policy and the history of the last twelve years

fully reveals the result of the mistake. Without question there were some abuses of the undergraduate nursing. Without question some hospitals allowed too great a proportion of the training period to be spent away from the hospital. Without question some families who were able to pay full rates for a graduate nurse, were sometimes found applying to the hospital for a nurse and securing her at two or two and a half dollars a day. There are few if any systems which are not open to abuse at some point. But there are two sides to every question—sometimes as many as a dozen sides, and this question is several sided. It is a well-known fact that the pupil nurse's work did much to popularize trained nursing. If Jane Jones, pupil nurse, was helpful and agreeable and satisfactory when she was sent out by the hospital, Jane Jones, graduate nurse, was more than likely to be called to the same family and to the friends of the same family. The case nursed previous to graduation not only did not "take the bread out of the mouth of the graduate," but it very often resulted in call after call subsequent to graduation. The writer knows of numerous cases of this kind. A friend who, as a pupil nurse in a New York hospital was allowed to go on request to one of the hospital physicians to nurse a case in the city, was sent for almost immediately following graduation to nurse another member of the same family in a distant city, and in the years following call after call came from that same family and their friends. People who had never felt they could afford a graduate nurse, and did not want one, were induced by the doctor to have a pupil nurse. Their prejudices against trained nurses were dispelled, and after their experience with a pupil nurse, the hospital graduates had no firmer friends than they. Time after time pupil nurses were able to book obstetrical or surgical cases before graduation, because they were allowed to gain experience in a private home as a pupil nurse.

Another advantage has been the widening of the experience. Comparatively few hospitals in the country have an infectious ward. Many have no obstetrical department. In many cases it has been and is impossible to arrange for affiliation with hospitals providing this service. The surrounding territory of the hospital in the course of a training period is practically

certain to furnish opportunity for experience with the variety of cases which the hospital does not admit. Then, too, there are a large number of quite sensible people who are ready to admit, that even though the hospital affords a sufficiently varied experience so far as diseases are concerned, the pupil nurse who, after graduation, is to make her living by private nursing for a longer or shorter period, needs the experience of nursing patients in their own homes, surrounded by their friends and in the midst of their domestic problems. She needs it to give her poise, assurance, to develop her resources, as well as to widen her experience; and the more our hospitals tend to become practically surgical institutions, as many of them now are, (the proportion of medical patients in many leading hospitals is very small compared to the surgical patients), the more the pupil nurses need the experience in private homes.

Miss Lightbourne, superintendent of the Hospital of the Good Shepherd, Syracuse, N. Y., and a member (or ex-member), of the State Board of Nurse Examiners for that State, says in her paper before the Nurses' Associated Alumnae of the United States at its convention in 1909: "There is very little in our hospital training that fits a nurse to enter a private home, and her fitness for this has to be gained by experience. Who should suffer while she gains it? Surely not those paying \$25 and \$30 a week." And again "that our graduate nurses who are to do private duty in private home should be so utterly ignorant of meeting conditions that only those who have done private duty know about, is a great reflection on our present methods of training. We cannot forget how constantly the pupil nurse was in demand when the training schools supplied them for private duty—and we also know that they were largely engaged by the people of moderate means. In those days one rarely heard of the domestic or experienced nurse as a rival in the field." All this is true. The pupil nurse supplied a need and paved the way for the graduates many a time. She was loyal to the interests of trained nurses, and in the earlier days helped immensely to popularize the calling of the professional nurse.

In a paper read at the International Congress of Nurses, London, last year, Miss J. C. Van Lanschot-Hubrecht, secretary of the

Dutch Nurses' Association, says: "To my idea it is a great mistake for a nurse who has merely her certificate for general nursing obtained after a three-year training in a hospital where no paying patients are nursed, to be allowed to go in for private nursing."

In any other line of nursing experience makes (or is supposed to) the nurse more desirable and more valuable. The nurse who had had practical experience as operating room nurse for even three months, would, all other things being equal, be likely to be chosen for the position in preference to the one who had none, and the same rule holds good in other lines. Yet under the present conditions, not only is a constant effort being made to prohibit the pupil nurse from gaining the desired experience before she graduates, but she is also debarred by many of the leading nurse registries from admission to the register unless she signs a contract not to nurse for less than a stipulated rate even while she is getting the needed experience.

The rules made by State Boards of Nurse Examiners in several States are framed so as to debar from registering nurses who have had this experience in private homes as pupil nurses even though nurses and physicians unhesitatingly assert that they are better, more

widely experienced and more capable than they would have been without it.

It is such policies as these that have paved the way for the "certified domestic nurse," the correspondence and short course nurses, which have multiplied so rapidly in the last ten years, and which are certain to increase so long as these policies are followed. Without question there should be a limit to the time a pupil nurse is to spend in getting experience in private homes prior to graduation, just as there is a limit to the time spent in the operating room and other departments. Without question also such service should, as far as possible, be reserved for people who cannot afford to pay regular rates. Without question it should be so arranged that the bulk of the theoretical teaching will have been given before this experience begins, and without question some form of supervision and a careful report on her management of the case should be planned and provided for.

There is a happy medium to be aimed for in this as in everything else, and the extreme policy which has been put forward for general adoption is just as much to be avoided as other extreme policies which have for a time seemed popular in nursing circles till changing conditions forced their abandonment.

(To be continued.)

Personal.

Miss Christine M. Hendrie, a graduate of the training school class of 1906, has been appointed night superintendent of U. B. A. Hospital, Grand Rapids, Mich., a position recently created by the board of managers.

The engagement is announced of Miss Amy M. Bissett, graduate of St. Joseph's Hospital, Yonkers, N. Y., class of 1900, to Mr. John T. Collins, of Newport, R. I.

Miss Cora Cole, of Des Moines, Iowa, who has been South in charge of a patient for a year, has returned to her home city and taken up private nursing.

Married.

The marriage is announced of Miss Ida Haentsche and Mr. Paul Hube on Saturday, February 26th, at Manila, Philippine Islands. Mrs. Hube has been a member of the Army Nurse Corps. Mr. and Mrs. Hube will be at home at 57 San Jose, Ermita, Manila.

Miss Bertha M. Smith, of Chicago, Ill., and Mr. Will S. Graham, of Kansas City, Mo., were married March 23d at Chicago. Mrs. Graham is a graduate of the Fort Wayne Lutheran Hospital, class of '09. Mr. and Mrs. Graham will reside in Kansas City.

Book Reviews

Bacteriology for Nurses. By Isabel McIsaac, author of "Primary Nursing Technique," "Hygiene for Nurses" and "Hygiene for the Use of Public Schools." Price, \$1.25. For sale by the Lakeside Publishing Company.

Miss McIsaac, so long superintendent of the training school for nurses at the Illinois Hospital, Chicago, needs no introduction to our readers. This book has been written for the use of pupil nurses in the training school, and as such is the first work of its kind with which we are acquainted.

The suggested schedule for laboratory work was compiled from several outlines which are in use in different schools for nurses, the courses varying from five exercises of one hour each to twenty exercises of two hours each. As Miss McIsaac adds, "one seemingly inadequate and the other requiring more time than is feasible in the majority of schools."

The work begins with a schedule for twelve laboratory exercises of two hour periods, after which there are 17 chapters, as follows: Introduction, Structure, etc., Method of Study. The effect of Physical and Chemical Agents, the Relation of Bacteria to Disease, Immunity, Inflammation, etc; 8 chapters on diseases caused by Bacteria, in which 19 diseases are mentioned. There is then a chapter of Infectious Diseases of unknown cause, and lastly one on Bacteria in air, soil, water and food.

The book is sufficiently illustrated, the type large and clear, and taken altogether, this is one of the books which will help round out and complete our imperfect text-books for nurse training and will help to give the profession a true and distinct literature of its own.

Anatomy and Physiology for Nurses. By Le Roy Lewis, M. D., Surgeon to and Lecturer on Anatomy and Physiology for Nurses at the Lewis Hospital, Bay City, Michigan. Second edition, revised and enlarged. Price, \$1.75. For sale by the Lakeside Publishing Company.

This new edition is 27 pages larger than the first edition, but the complete revision which the book has undergone is much greater than

the mere addition of 27 pages would lead one to believe. A number of additional illustrations have also been inserted.

Two or three times before we have found occasion to mention in these columns a certain something, perhaps modesty, perhaps prudery, which has prevented some authors of text-books from mentioning the male organs of generation, although the female organs never escape with less than a chapter. It is, therefore, gratifying to note that in the preface of the second edition, the author states, "In response to a general demand among those who have used the book, a chapter on the 'Male Organs of Generation' has been added."

This is really one of the best books on anatomy and physiology we have. It is most bountifully illustrated, several of the illustrations being in colors, and where they are not originals, these have been taken from such standard authorities as Gray, Wilson, Deaver, Brubaker and Kimber. We find much to commend in this work and little or nothing to criticise, and heartily wish this second edition even greater success than that which met the first.

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Some Notable Books Relating to Social Welfare.

The Spirit of Youth and the City Streets. By Jane Addams, Hull House, Chicago, Ill. Price \$1.25. For sale by the Lakeside Publishing Company.

This is a new and decidedly interesting contribution to social studies, especially of that part of our social fabric known as the "other half" in the adolescent and early adult periods. It discusses the problem of recreation, the natural demand for it in the life of people in general, the difficulties which the problem of decent recreation that really recreates, presents in the modern city for people who have but little time or money to spend in play, and yet who feel within them an insatiable longing for play, for adventure, for relief of some kind from the monotony of daily toil.

One sees as in a mirror the varied types of youths met on the streets of a great city every day and understands them better for having caught a glimpse of them as seen by this sympathetic delineator of the poor and the common people. The effect of the low-grade theatre on the morals of youth is not a new subject, yet as the author treats it from the viewpoint of one who knows from intimate and first-hand contact with city boys and girls, young men and young women, one realizes the more keenly the need of a closer study of this form of recreation that it may be utilized to lift to a higher life rather than to lead or drag to a lower. The topics treated in the volume are Youth in the City, the Wrecked Foundations of Domesticity, the Quest for Adventure, the House of Dreams, Youth in Industry, the Thirst for Righteousness. In the opening chapter emphasis is laid on the blunders we, as a people, have made of organizing work and failing to organize play, and though distinct suggestions of methods as to how to attack the problem as a whole are omitted, the book makes a strong plea for more attention to the recreation problem and has already done much to stimulate interest in the subject. The different types of youth and their needs are made very real as these over-worked girls stream along the street, the rest of us see only the self-conscious walk, the giggling speech, the preposterous clothing. And yet through the huge hat, with its wilderness of bedraggled feathers, the girl announces to the world that she is here. She demands attention to the fact of her existence. She states that she is ready to live, to take her place in the world. Instinctively the reader longs to be doing something to help her make the best of herself.

Civics and Health. By William H. Allen, Secretary of the Bureau of Municipal Research, formerly secretary of the New York Committee on the Physical Welfare of School Children. With an introduction by Professor William T. Sedgwick, Professor of Biology in the Massachusetts Institute of Technology. Price \$1.50. For sale by the Lakeside Publishing Company.

This is one of the great books of 1909. Its theme is good health as a right, and as a basis

for efficient citizenship. From cover to cover it is practical, and those nurses and teachers who have been wont to regard hygiene as a "dry subject" will revise their notions after reading this wonderfully interesting and inspirational volume. Taking the physical condition of school children as the best index to community health, it asks, "Who is to read the index?" and emphasizes the importance of telling the story of health needs and deviations in language that does not require a secret code or cipher. Important signs which can be easily read by the average parent or teacher are mentioned. In the chapter on "Catching Diseases" it deals particularly with the social aspect of the question and abounds in practical suggestion as to how to get parents, teachers and communities to practice sensible efficient methods of prevention. "Courses in germ sociology are of prime necessity," the author says, and he shows how in actual daily life such courses may be given and made interesting, both to children and their parents. Among other striking truths taught in this chapter is this, that "the needless cost for one year of 'catching diseases' in New York would endow in perpetuity all the schools and lectureships and journals necessary to teach preventive hygiene in every section of this great country." After reading this chapter every nurse will want to get up and do more than she has done or thought of doing to abolish "catching diseases."

Chapters on eye strain, ear trouble, malnutrition, deformities, dental sanitation, abnormally bright children, nervousness of teacher and pupil, health value of "unbossed" play and physical training, the teacher's health, European and American remedies, co-operation with dispensaries and child-saving agencies, school surgery, physical examination for working papers, industrial efficiency and health, industrial hygiene, official machinery for enforcing health rights, do-nothing ailments, preventive humanized medicine, the fight for clean milk, fighting tobacco evils, the last days of tuberculosis, the patent medicine evil, instruction in sex health, are all valuable contributions to the literature on such subjects, notable in many cases because they abound in facts. Sometimes these facts are ugly facts, but there are always practical suggestions as to how to get rid of the ugliness.

Theories, logic and facts there are in plenty, but the author is "always intensely practical, insisting as he does on getting things done, and done soon, and done right." Every subject discussed in the book is, or should be, of practical interest to nurses and training school instructors. It helps to give the broad view, the social view, of hygiene in its relation to citizenship, which has long been overlooked in hospital teaching.

Social Service and the Art of Healing, Richard C. Cabot, M.D., Assistant Professor of Medicine in the Harvard Medical School, and Assistant Visiting Physician at the Massachusetts General Hospital. Price \$1.00. For sale by the Lakeside Publishing Company.

This book was written as the author states in his preface, "to exemplify three forms of team work which are now tending to ennoble medicine." These three forms of team work are team work between the doctor and social worker, popularly termed "social service"; team work between the doctor, the educator, the minister, as well as with the philanthropist; team work between the doctor and patient. The book divides itself into a description of what true social service is and the relation of this form of service to medicine. In discussing the question, "What Is Social Work?" the answer is this: "The essence and centre of social work, that which corresponds to diagnosis and treatment, as the centre of the group of medical sciences, I may venture to phrase as: the study of character under adversity and of the influences that mould it for good or ill."

He emphasizes the fact that "every profession must work primarily with individuals, the social worker as well as the rest—in other words that social service, to be successful, must be mainly *personal* service." It is not the social worker's business to treat alcoholism, or to shut up breweries, to do police work or nurses' work, nor to feed school children. He may be forced in emergencies to pitch into any of these occupations as any citizen will jump into the fire brigade when forest fires threaten a town.

But this is not his regular job. He cannot be a busybody, a jack-of-all-trades, or a "supporter of all good causes" if he is to command respect as an expert in his own field.

If the social worker occupies himself with improving the public schools, the conditions of employment, the law courts, the hospitals, the condition of the streets and tenement houses, will he not deserve to be asked whether he has no business of his own to attend to? No man can understand so many subjects. But he can understand a single, and for him all-important aspect of these intricate subjects, viz., their bearing on character. If he is wise enough materially to diminish poverty and overwork, he is the wisest statesman living, and his work should be in statecraft, legislation and economic reconstruction.

The discussion of team work or co-operation between doctor and patient will be of interest to every nurse, dealing largely as it does with the subject of "the annihilation of lying." Nowhere have we seen such a powerful plea for "truth in medicine." Are lies ever in place in dealing with patients? If so, under what conditions? These questions are dealt with in a manner that is almost startling in its frankness. The last chapter deals with social work in hospitals, and is of special interest and value to nurses and hospital workers at this time. Around this phase of hospital work there is much haziness, not only in the minds of nurses, but of superintendents and physicians, which a careful study of this chapter will tend to effectually clear up. Without doubt the social service feature of hospital work and the social service nurse, which already have achieved marked success and challenged the attention of all who are especially concerned in the art of healing, are but a prophecy of the developments the future holds along this line which are to produce changes in medicine, hospital work and nursing. All these classes of workers can study the book with no small degree of profit and, once begun, its fascinating, illuminating style will hold the interest to the end.

C. A. AIKENS.

(Book Reviews continued under Publisher's Desk.)

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS.

In Defense of Hospitals.

To the Editor of The Trained Nurse:

I am sorry that "One Who Knows" has had such bitter experience as she relates in her article in the March number, and I wish to say just a word in defense of the hospitals regarding the food and sleeping accommodations for nurses in training.

I am a graduate of two Chicago hospitals. In both of these good, wholesome food was served to the nurses, and yet there was much complaint among them because it was not good enough. Of course there were times when the food might have been cooked better, but where is the home which occasionally does not have a meal which is a failure.

As to the sleeping rooms, these are to a great degree what the nurses make them. Not long ago I had occasion to visit a nurses' home while the nurses were on duty. The home, which was in an apartment building, would have been attractive had the nurses not been so untidy. The rooms were in a dreadful state, beds unmade, soiled linen and silk waists tumbled around on the floor together, curtains twisted, dressers in the most untidy condition. Surely this was not the fault of the faculty who provided the home.

My private duty nursing has extended over a period of five years, during which time I have had some cases in hospitals. One of these hospitals was as near perfection as it is possible for a hospital to be. The nurses were restricted in nothing to work with. Their meals were perfect. They had good entertainment provided frequently without cost to them. They had comfortable sleeping rooms and a library and rest room combined, which should have satisfied the most particular woman. Yet, while I was there the nurses were complaining continually about their hardships and their poor food.

When nurses get to the point of using a little judgment and consideration about such things they will be much happier and satisfied

and will have some respect for their "Alma Mater."
J. PALMER.

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A Superintendent's Views.

To the Editor of The Trained Nurse:

I enjoy every page of THE TRAINED NURSE magazine, even the advertisements, and am inclined to turn first to the letter-box and the editorial sections, which are sure to deal with live questions. As I have been a superintendent most of the time since I trained, I have naturally been especially interested in the discussion of the high educational standards and whether or not the superintendent should be allowed to choose the best from the whole number who apply. There is a law which is higher than any registration—the law of necessity, and, in our case, the law of humanity, which requires us to do our best to save life and improve health, even if we often have to do it with less nearly perfect agents than we might wish. I was rather amused at Ex-Examiner's letter in the last number, and especially at the paragraph which reads "For twenty-five years doctors in their addresses to nurses have enlarged upon the mistakes, the failings, the lack of tact of nurses. Now when the nurses themselves are trying to adopt such measures as will go a long way toward removing the grounds for such complaints," etc. I have heard many plausible arguments about registration, but this is the first time I have heard it put forth as a remedy for lack of tact. How could any examining board find out in a theoretical or practical examination in nursing methods whether a nurse was tactful and possessed of good common sense or not. It would be interesting to know just what methods Ex-Examiner has used in examining for tact.

I hope the discussion about registration and education will be continued, for in no other journal can we hope for a fair all-round treatment of these important questions.

A PERPLEXED SUPERINTENDENT.

Some Thoughts From a Pioneer Nurse.

To the Editor of The Trained Nurse:

AS THE TRAINED NURSE AND HOSPITAL REVIEW comes each month a welcome visitor, I read the problems coming up before the nursing profession. State registration and its probable results, standard of training or curriculum of teaching in schools, higher education, both preliminary and in the schools; matter of fees for the different classes. I often wonder if, when they get all those questions settled satisfactory, will each individual nurse be a better nurse in the true sense of the word? Will the higher education fit her much better to minister to the wants of an ailing, suffering one, will it make her more gentle, more thoughtful, or will it leave her a walking encyclopedia on diseases and medicine, physiology and bacteriology, recognizing only in her patient an interesting subject according to the disease, or holding her knowledge as a barrier to the masses and a luxury to be obtained during illness only by the higher classes?

Now, dear sister nurses, do not consider me in the light of a dog in the manger. Such is not the case, for I will be glad to see progress and high attainments among nurses that will materially benefit both patients and themselves, I will be pleased to see you get to the highest pedestal possible along professional lines, only do not let it make you forget what that word nurse means.

Though twenty-four years has passed since this nurse was in training, still there is no difference in creation; our bodies are formed the same, digestion, circulation, respiration are governed by the same wonderful nervous system, those bodies and their different organs are subject to the same pains, though the causes are doubtless understood better, and consequently treated, perhaps, more intelligently, and those noisy mites of humanity dignified by the name of baby, those bundles of love and trouble are born into this world the same old way and subject to all the old ailments which beset baby or infant flesh; so it behooves us not to forget that it is our duty to nurse or nourish the sick. For my part, I would rather know just how to prepare that nutriment enema so that it would be assimilated readily and administer it with the least distress to my patient, so that it would be retained, than be able to define metabolism accurately.

Much rather would I know how to cook or prepare in the many ways an egg, broil a steak, make a bowl of gruel or broth in such a way as it would be relished and digested, and serve them so that they would tempt the appetite of the most fastidious, than know that the pneumogastric nerve was the fourth cranial and was distributed to the esophagus, pharynx, larynx, heart, lungs and ear.

Much rather would I know how to clothe and administer that noxious medicine so necessary to the patient, which she or he fancies they cannot retain, but which is retained when not recognized, than be able to discoursed fluently on physiotherapy or be able to name and give the origin of all sensory nerves which would revolt at a nauseous dose.

And rather would I know how to bathe or rub that aching limb or back so as to give relief and rest, or have ability to make the domestic wheels run smoothly, even if it was by assisting in the dressing of the children in the morning or by kind advice or help an inefficient house help, and by that means gain quietness and mental rest to my patient, than know and be able to tell what the blastoderm is or that the mesoblast is its middle layer.

Enough of this, dear sister nurses, though I could go on giving a hundred examples, I want you to remember when you gain your star-like positions professionally, that the patient under your care has feelings like yourself and friends, and is looking to you with your skill for those nice attentions just as essential to their comfort now as twenty-four years ago, and which are only produced by a feeling of sympathy not necessarily expressed but acted; the tone of the voice, the touch, willingness to do or apprehend their wants, showing more what is your attitude toward them than abundance of words.

With regard to the fee question, I fear that will never be satisfactorily settled until nurses are allowed the liberty to do as doctor's do, charge a moderate fee where full fees are impossible, and then make a law that no person shall nurse and charge fees who has no diploma or certificate from an authorized school or hospital. Until something like this is done, we will be plagued by correspondence school nurses as well as practical nurses. I am sure the people of moderate means wish a skilful nurse just as much as the higher classes, but the fee is too high. I sincerely

hope this nurses' fund, agitated in some parts of the West, may materialize, and that nurses may be stationed here and there through the country, so that people can get proper care for their sick ones. I know full well that those matters are not easily regulated, but we Western nurses know the crying need of good, skilful nurses possessing, as well as knowledge, good common sense. Nurses of the stamp of A Western Nurse who gives us her experience in the January number in "Nursing on a Ranch." Not like one I met not long since who went to a home, a small house not much larger than a big packing box, where the woman was ill. There were no children, the husband had spent the greater part of two days trying to secure house help, but had not been successful, so decided to get a nurse, so that his wife would be properly attended to, and he would do the housework himself, with the help of the neighbors. When the nurse came, she surveyed the surroundings and asked where the servant was, and upon being told that he could get no help, she promptly told him he had to get some one to wait upon her, and the man got a child of ten years old to carry to and from the curtained room or do any thing the nurse asked of her. I do not think a nurse should do housework, for if her patient is very ill she will have enough to do to attend her, but frequently she can assist a little around the house without offending her dignity, or at least, wait upon herself when possible.

I do like Miss C. Aikens's writing very much. She surely pulls questions to pieces and gives us the gist of matter in good form. The "Editor's Letter Box" always has something interesting, and "Editorially Speaking," always contains very wholesome truths. Yes, I do think the next few years will see important changes in the nursing world. I will hope it will result in a spirit of unity between the physicians and nurses, for there are still quite a percentage of doctors who do not like graduate nurses. Let it not be our fault, dear sister nurses.

B. DOWKES.

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Not a High School Graduate.

To the Editor of *The Trained Nurse*:

I am a nurse, an R. N., a doctor's wife and a mother, but not a high school graduate. Woe unto me! What a pity, that bright capable girls who are not able to go to high

school or college are no longer acceptable as pupils in our training schools!

I have read with much interest the several letters written on this educational idea, but think Miss Aikens has the true light on the subject. The idea of a thorough education for nurses is all right. Where will it not show for the best in every walk of life? Yet, a nurse is *born*, not made, and no amount of education will make a careful, conscientious nurse unless there is the inborn liking for the work.

Many nurses graduate and do the work, but are they successful, are they always to be depended upon in times of greatest need? Do they not refuse to take many cases because they are not to their liking? I well remember one night during my training, when I was serving as night superintendent, I called all the nurses on the register to go on a case of scarlet fever, and they all had some excuse why they could not take the case. The last nurse called had left the hospital the day before after having skin-grafting for a burn on her arm. She took the case and brought the little patient through. This nurse was not a high school graduate, but she felt she had a duty and was called; it was her place to do the best she could.

It is a deplorable fact that the schools are not sending out better nurses, but are the superintendents to blame? In talking with several superintendents I find they say practically the same. The applications they are receiving are from much younger girls than of a few years ago. Can we not find the answer to this question of incompetency here?

Miss Hasson says "a large number of graduates are worthless unless under supervision." If this is true, why were they not dismissed before graduating, thus saving the ranks from such failures?

All nurses cannot fill high places, there would not be enough places for all, even if nurses were educated for them, but there are plenty of places for good common sense nurses who will do as they are told and not try to prescribe for their patients. We do not want to be diagnosticians, obstetricians or physicians. Our place is to help the physician, not supplant him.

How can Mrs. Lockwood say "I consider a high educational standard as one of the guaranties of high moral character?" There

are circumstances where a girl has not been able to finish her education and feels that this work of nursing will help her to reach a higher plane. Is she to be deprived of an opportunity of learning to be a nurse because she could not go to high school? Is she to be stamped of low moral character because of her misfortune?

We must not judge harshly or too quickly. We are all anxious to elevate the standard of our profession, but it will never be through refusing those who are worthy a chance to do their life work with the trained mind.

I believe those who have spent three years in training deserve recognition of their labor. It seems hard to have a girl go to school six months or a year then take up a correspondent's course and receive the same pay as we who finished the course. At some future time registration will control this, but we cannot expect to accomplish it within a few years.

Let us have more of the Christ-like spirit toward our sister nurses, be more charitable and I think we will find the profession better for our efforts.

How much more to be desired to have it said, "He that is faithful in that which is least, is faithful also in much."

FRANCES WEST JOHNSON.

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Reply to Ex-Examiner.

To the Editor of The Trained Nurse:

I have read with much interest the letter of Ex-Examiner in the April number, regarding the registration question.

While I have no intention of replying to the letter in full, my position in the matter seems to have been so woefully misunderstood that I beg leave to state clearly once more the conclusions I have reached, and the principles regarding registration, which I have contended for, and expect to continue to advocate till fuller light on the subject comes to me.

Nowhere, nor at any time, have I ever advocated that the control of registration matters should be in the hands of doctors entirely. I have plainly advocated that since nurses cannot ethically or legitimately practice nursing except under the direction of a physician, therefore physicians should be repre-

sented on examining boards as well as on the teaching staffs of training schools; that since nurses are directly concerned, nurses also should be represented; and that since the status of hospital schools is directly involved, therefore hospitals should be represented on such boards. These principles were clearly stated in both the December and January articles, and in the November article a list of seven different kinds of examining boards which are already in existence was given.

If Ex-Examiner wishes a list of the States in which dissatisfaction exists regarding registration matters, it is very easily made and will include practically every State in which registration has had a fair trial, that is a trial of over three years. An ex-examiner from one of the New England States wrote in the December number as follows, and in their souls thousands on thousands of nurses agree with her: "*The whole nursing registration system is so discouraging that to say which system is the best, is to bestow approval where results are so poor that there isn't any best, in reality.*" The principle of registration is right and just, but the system that has been tried out here in America of registering and supervising only the best educated part—the one-tenth of the nursing body which least needs supervision—this system is so defective that it will never meet the need or protect the public, no matter what kind of board is in control. It has done some good—that much people are willing to admit, but it neither regulates nursing nor protects the public. Protection of the public will never come till every nurse practising for hire is brought under supervision. So far as the discussion of the doctor's arguments is concerned, to which the main portion of Ex-Examiner's letter is devoted, the writers of the letters from which quotations are made must be responsible. Opportunity was afforded for different shades of opinion to be expressed, but it does not follow that I personally endorsed all or anything that any writer said.

If Ex-Examiner wishes to continue the discussion, I shall gladly consider her arguments, if she will come out in the open and sign her name to her communications.

CHARLOTTE A. AIKENS.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

Changes in the Army Nurse Corps Since February 1, 1910.

APPOINTMENTS.

Nora C. Gallagher, graduate of the New York City Training School, Blackwell's Island, 1910; Beatrice Louise Hirtle, Worcester City Hospital, Worcester, Massachusetts, 1907; Emma B. Lindheimer, German Hospital, New York City, 1903; Margarette S. Lundy, Easton Hospital Training School, Easton, Pennsylvania, 1909; Annie May Pellett, Worcester City Hospital, Worcester, Massachusetts, 1906; Mary A. Rebholz, German Hospital, New York City, 1904; Nena Shelton, Mercy Hospital, Kansas City, Missouri, 1908; Mary Warburton, New York City Training School, Blackwell's Island, 1910, have received appointments and have been assigned to duty at the Army General Hospital, San Francisco, California.

DISCHARGES.

Carrie Bechtle, from the Division Hospital, Manila, P. I., to be married; Amalie Ida Haentsche and Mary Zimerle, from the Division Hospital, Manila, to be married; Mary Agnes Sweeney, from the Division Hospital, Manila; Margaret H. Pampel, Jessy C. Palmer and Harriet E. Rising, from the General Hospital, San Francisco, Cal.

TRANSFERS.

Louise C. Boldt and Mame G. Johnson, from General Hospital, San Francisco, to Manila, P. I., on Transport of March 7th; Hannah P. Morris, from Manila, P. I., to General Hospital, San Francisco, for duty; Mary H. Hallock, from Zamboanga to Division Hospital, Manila, under orders for transfer to the United States; Gertrude H. Lustig and Valeria Rittenhouse also under orders for transfer from the Division Hospital, Manila, to the United States.

JANE A. DELANO.

American Red Cross Nursing Service.

Through the courtesy of Miss Jane Delano, superintendent of the Army Nurse Corps, we are in receipt of the first proof of the outline of the plan for the enrollment of nurses adopted by the National Committee on Red Cross Nursing Service. The corrected proof did not reach us in time for this number, but we hope to present the plan complete in a future issue.

The plan contains the following sections and divisions: Nursing Service, duties of National Committees, meetings and reports; duties of State Committees, meetings and reports; duties of Local Committees, meetings and reports; rules for the enrollment of Red Cross nurses, applications, requirements, appointment, resignation, assignment to duty, uniform, compensation.

Miss Delano is a sincere believer in the importance of this Red Cross work and makes a strong appeal for the enrollment of nurses throughout the country for service in time of calamity or war.

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The Philippine Service.

The following information concerning the Philippine nursing service is published at the request of Miss Mabel E. McCalmont, supervising nurse, Bureau of Health:

Graduate nurses desiring appointments under the Civil Service of the Philippine Islands should write to the Bureau of Insular Affairs, Washington, D. C., requesting information, application blanks, date and nearest place of next examination to be held. The examination papers after being marked in Washington are forwarded to Manila, where all appointments are made by the Bureau of Health. In every case a recent photograph of the applicant must accompany the papers.

Appointments are made at a salary of \$50 per month for the first six months, with sub-

sistence, quarters and laundry. This is a probational period and the appointment is not permanent. If the services are satisfactory, the appointment is made permanent, salary increased to \$60 per month and the employe is then entitled to almost two months' vacation a year with full pay, twenty-eight days of which is termed "vacation" and the other thirty days "accrued" leave. Accrued leave cannot be taken (except on account of illness or in case of great emergency, without pay) until after the completion of two years of satisfactory service, and is computed from the date of appointment (which is not prior to the day following that of arrival in Manila). After two years' service this leave can be applied for at any time desired, and may accumulate for five years from the date of appointment. Vacation leave is computed by the calendar year and if not taken before the expiration of such time is forfeited. Illnesses are charged to vacation leave. See Act 1698 and the Civil Service Roster for detailed information thereto.

Promotions for satisfactory work can be made at any time, not oftener than once a year, and are based upon ability and adaptability. Seniority of service is not a factor in such promotions except in cases where nurses are equally capable. After their work has been thoroughly tested nurses may be promoted to positions of chief nurse, at a salary of \$70 per month, and may be increased at the rate of 10 per cent per year for satisfactory service, until they are drawing \$85 per month.

Owing to the large force of pupil nurses now in training, the work of the graduate nurses is chiefly that of supervision.

All nurses are subject to assignment in any position of the Bureau of Health without increase of pay and every nurse will be expected to take her share of communicable disease nursing at San Lazaro Hospital or elsewhere. With the present force of nurses this share amounts to less than two months every year. As the force of nurses increases, this period of time is correspondingly shortened. In case of epidemic it might be lengthened. Nurses are not isolated or quarantined while on such duty. Rigid measures of disinfection are observed and the nurses have the same liberty as the doctors who have charge of this work.

Transportation to Manila (excepting incidentals) will be advanced, upon request, by

the Bureau of Insular Affairs. A nurse may, however, if she so prefers, pay her own traveling expenses, in which case she will be reimbursed by the Government at the expiration of her term of service. Return transportation is not paid. If, however, a nurse has been ill or there have been extraordinary circumstances in her particular case, an effort would be made to secure her transportation on a United States Army Transport, in which instance the only charge is \$1 per day for subsistence. For details concerning traveling expenses the circular furnished by the Bureau of Insular Affairs, Washington, D. C., should be consulted.

New nurses are met on their arrival at the Custom House in Manila by the Supervising Nurse, Bureau of Health.

The uniform worn is a plain white shirt waist suit with stiff bishop collar, which fastens in the back similar to the United States Army nurses' uniform. Short sleeves and low neck waists cannot be worn. Caps are uniform and are to be made after arrival in Manila.

The hours of duty at present are from 7:30 to 7:30. Two or more hours "off duty" each day is allowed according to the necessities of the service. One half day every week, and every alternate week one additional day, is allowed to both day and night nurses. If for any reason the same cannot be granted when due, record will be kept and the time given them when the exigencies of the service permit. In addition to the foregoing, holidays are granted whenever possible.

Nurses possessing proper qualifications, but who are not American citizens, may receive temporary employment under the same rules and regulations as above, except as regards transportation and leave of absence. If their services at the expiration of one year are satisfactory, recommendation may be made to His Excellency the Governor General to waive the citizenship clause and place them on the same permanent status as the regular nurses.

Any further details may be obtained by writing to the Supervising Nurse, Bureau of Health, Manila, P. I.

MABEL E. MCCALMONT,

Supervising Nurse, Bureau of Health.

Approved,

VICTOR G. HEISER, Director of Health.

B. L. FALCONER, Director of Civil Service.

The National Associations.

Many nurses are looking forward to the meetings of the National Associations, which will be held in New York City the third week in May. On May 16th and 17th the Society of Superintendents will hold its meetings at the Academy of Medicine. On Wednesday afternoon, May 18th, the two national associations will meet at Teachers' College, for the Florence Nightingale Celebration. The Park Avenue Hotel has been selected as the headquarters of the Associated Alumnae, and it is here that the morning session of the 18th will be held. The meetings of the 19th and 20th will be held at Mendelssohn Hall.

The entertainments will include a trip in our most beautiful harbor and a tea at the Bellevue Nurses' Home.



New York.

One of the events marking the close of the social season in New York City was the bazaar of the French Hospital, held during the week of April 5th, at the Metropolitan Opera House, for the purpose of raising funds for a home for the nurses of the training school. It is estimated that \$60,000 was taken in.

The quarterly meeting of the New York County Nurses' Association was held at the Academy of Medicine, New York City, April 5th, at 8 P. M.

The Guild of St. Barnabas held a Lenten service at the Church of the Heavenly Rest, New York City, March 22nd.

The class of nurses recently graduated from the Erie County Hospital, Buffalo, N. Y., was composed as follows: Miss Mary Urban, Miss Essie O'Dell, Miss Mary Cave, Miss Marie Gaganon, Miss Elizabeth Shea, Miss Alvina Heise, Miss Mary Whitehead, Miss Rose Sweigert, Miss Jean Campbell, Miss Gussie Giese, Miss Alta Beane, Miss Laura Dane, Miss Anna Evers, Mrs. Elizabeth Syron, Miss Margaret McKinnon, Miss Arlie Danley, Miss Della Hughes. Miss Nellie Davis is superintendent of nurses.

The Alumnae Association of the New York City Training School for Nurses has pub-

lished its sixteenth annual report, which is of more than usual interest, because it contains, besides the reports of officers and of the meetings during the year, a history of the association, most delightfully presented.



Pennsylvania.

The Pennsylvania State Board of Examiners for Registration of Nurses will hold an informal meeting in the Chamber of Commerce, Keenan Building, Pittsburg, Pa., April 21st.

The program for the afternoon session is: "Are nurses overtrained? If so in what direction?" by Miss Heldman, Columbian Council; Miss Turnbull, West Penn Hospital, Pittsburg; Sister Etheldreda, Mercy Hospital, Pittsburg. "In what manner may a knowledge of the thoroughness of a nurse's preparation for the work be obtained by the examiners?" by Miss McNelly, City Hospital, Washington; Mrs. Rinehart, Butler County Hospital, Butler; Miss Duncan, Academy of Medicine, Pittsburg; Miss Gainor, Washington Hospital, Washington. "What are the principal defects in our training schools?" by Miss Stuart, Allegheny General Hospital, Pittsburg; Mrs. Ford, Children's Hospital, Pittsburg; Sister Margaret, Passavant Hospital, Pittsburg. "How may registration be improved upon?" by Hon. A. J. Barchfield, M. C.; Miss Hunt, Cottage State Hospital, Mercer; Miss Weir, Braddock General Hospital, Braddock. "Before examinations begin what would you consider a just cause for refusing a graduate registration?" by Miss Agnew, Sewickley Valley Hospital, Sewickley; Mrs. Eden, Columbia Hospital, Wilkesburg; Miss McKinney, Beaver Valley General Hospital, New Brighton; Miss West, Margaret Morrison Technical School. "What is your idea of the affiliation of training schools, in order to broaden the education of the pupil nurse?" Miss Gailey, Braddock General Hospital, Braddock; Dr. Esther Blair, Dixmont Hospital, Dixmont; Miss Rindlaub, South Side Hospital, Pittsburg.

The program for the evening session includes the subjects: "Are nurses overtrained? If so in what direction?" by Dr. J. H. McClelland; discussion by Dr. John W. Boyce and Dr. J. O. McKee. "In what manner may a knowledge of the thoroughness of a nurse's preparation for the work be obtained by the

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For eating or drinking,
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The true Vanilla bean for flavoring. Few makers use that.

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examiners?" by Dr. Lawrence Litchfield; discussion by Dr. E. A. Weiss, and Dr. William Mercur. "What are the principal defects in our training schools?" by Dr. J. I. Johnston; discussion by Dr. Walter F. Donaldson, Dr. A. R. Matheny. "How may registration be improved upon?" by Hon. James Francis Burke, M. C.; discussion by Mr. C. D. Gellespie, Esq. "Before examinations begin, what would you consider a just cause for refusing a graduate registration?" by Dr. I. J. Moyer, Dr. J. R. Vincent. "What is your idea of affiliation of training schools in order to broaden the education of the pupil nurse?" by Dr. John Lichty; discussion by Dr. T. S. Arbuthnot and Dr. Theodore Diller.

The following is the revised curriculum as presented by the Board of Examiners for Registration of Nurses:

Preliminary Course.

TWO WEEKS.

FIRST WEEK.

Talks on care of rooms, care of bathrooms.
Practical work in caring for pupils' rooms and bathrooms.
Sweeping and dusting, two hours daily.
Talks on hospital routine, rules and foundation of ethics.
Explanation of utensils and their use, one hour daily.
Talks on bed-making, demonstration of same, one hour daily.
Preparation of trays and serving of food, one hour daily.
Talks on bathing, demonstrations of bathing convalescent patients, one hour daily.
Talks on pulse, respiration and temperature, practice in taking same, one hour daily.
Study hour, one hour daily.
Recreation time off, two hours daily.

SECOND WEEK.

Care of patients' rooms, one hour daily.
Care of linen and linen room, one hour daily.
Taking pulse, respiration and temperature, one hour daily.
Serving trays and feeding helpless patients, one hour daily.
Talks on simple disinfectants and their use, practical demonstration of the same, one hour daily.

Bed-making with patients in bed, one hour daily.

Routine admission and discharge of patients and care of patients' clothing, one hour daily.

Study hour, one hour daily.

Recreation time off, two hours daily.

Junior Year, Lessons and Lectures, Thirty-two Weeks. One Lecture and Two Lessons Per Week.

HYGIENE.

Lecture I. Personal hygiene, bathing, dress, exercise, sleep, reporting of sore fingers, sore throats.

Lecture II. Heat, ventilation, drainage, disinfection and excreta.

Lessons, six. Recitations.

ETHICS.

Lecture. Basic principles of ethics. Relation of nurse to superiors, fellow pupils and patients.

Lessons, two. Text-book.

ADMINISTRATION OF MEDICINE.

Lecture I. Methods of administration, weights, measures, care of medicine closets, glass metal and rubber appliances.

Lecture II. Classification of medicines.

Lecture III. Dosage of principal medicines.

Lecture IV. Important medicines and their effects.

Lessons, eight. Text-book.

ANATOMY.

Using Skeletons, Bones and Manikin, or Manikin Charts.

Lecture I. Bones, their structure, number and form. Joints.

Lecture II. Muscles, their structure and action, description of principal muscles.

Lecture III. Circulatory system. Heart, arteries and veins.

Lecture IV. Respiratory system. Lungs, pleural cavity, description of respiration.

Lecture V. Nervous system. Description of brain and spinal cord. Cerebro-spinal system. Sympathetic system.

Lecture VI. The viscera, description of each organ. Topography of organs.

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CLEANS, SCOURS, POLISHES—WORKS WITHOUT WASTE.

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PHYSIOLOGY.

Class Work. Using Text-book and Demonstrations.

- Lesson 1. Phenomena of life. Structure of tissues.
- Lesson 2. The blood.
- Lesson 3. Circulation.
- Lesson 4. Respiration.
- Lesson 5. Food, digestion, absorption.
- Lesson 6. Metabolism.
- Lesson 7. Relation of diet and nutrition.
- Lesson 8. Structure and function of nervous system.
- Lesson 9. Special senses, including voice.
- Lesson 10. Reproductive organs, their functions.

BACTERIOLOGY.

- Lecture I. Bacteria, general definition and classification. The danger of bacteria.
- Lecture II. The important pathogenic bacteria, their artificial destruction; disinfection and sterilization.
- Lecture III. Cultures and their importance; methods of obtaining specimens.
- Lessons, three. Demonstration of modes of disinfection, methods of obtaining and preparing specimens for the laboratory.

DIETETICS.

- Lecture I. Foodstuffs and their classification.
- Lecture II. Principles of cooking.
- Lecture III. Beverages. Milk.
- Lecture IV. Serving of food; combination of foods.
- Lessons, twelve. Practical demonstrations in diet kitchen on care of gas range, electric range, cooking utensils and ice box.
- Preparation of trays.
- Feeding of helpless patients.
- Preparation of foods.

MEDICAL NURSING.

- Lecture I. Bathing helpless and acutely ill patients.
- Applications, hot and cold; care of hot water bottles, ice caps and coils. Baths to reduce temperature.
- Lecture II. Douches and enemata, varieties and modes of administration.
- Lecture III. Observations of symptoms, excreta.
- Lecture IV. Keeping of records. Charting. Making patient comfortable in bed.
- Lecture V. Pneumonia.
- Lecture VI. Typhoid fever.
- Lecture VII. Rheumatism.

Lecture VIII. Cardiac conditions. Lessons; twelve. In class and at bedside.

SURGICAL NURSING.

- Lecture I. Asepsis and antisepsis.
- Lecture II. Sterilization.
- Lecture III. Preparation of patient for examination and operation.
- Lecture IV. Duties of nurse during dressings and examinations.
- Lessons, six. With demonstrations on preparation of solutions and dressings, and of patient.
- Four demonstrations in bandaging.

Intermediate Year.

MASSAGE. TWENTY LESSONS.

MEDICAL NURSING.

- Lecture I. Constitutional diseases.
- Lecture II. Tuberculosis.
- Lecture III. Theory of contagious diseases.
- Lecture IV. Isolation and quarantine.
- Lecture V. Diseases of children.
- Lecture VI. Diseases of children, continued.
- Lessons, eight. Demonstrations of baths, vapor and hot air; preparations for cupping; use of leeches; inhalations; care of the dead.

OBSTETRICAL NURSING.

- Lecture I. Anatomy of female pelvis, female organs of generation and their function, development of the ovum.
- Lecture II. Pregnancy, its physiology and hygiene.
- Lecture III. Labor.
- Lecture IV. The puerperium and care of the new-born child.
- Lecture V. Accidents and complications of pregnancy and the puerperal period.
- Lessons, eight. Demonstrations of the care of mother and child, precautions to avoid infection, care of premature infants and conduct of labor in a private house.

SURGICAL NURSING.

- Lecture I. Preparation of operating room and instruments.
- Lecture II. Suture and ligature materials, variety, preparation and care. Use of cautery and aspirator.
- Lecture III. Continuation of instruction in preparation of patient for major and minor operations.
- Lecture IV. Post-operative care of patients. Catheterization, irrigations, positions.
- Lecture V. Anaesthetics, local and general and their dangers.



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Steero Bouillon Cubes are made from beef and all the vegetables, spices and seasoning recommended by expert chefs. They are immensely popular in Germany, where they originated.

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No description of Steero Bouillon Cubes can convey an idea of their convenience, quickness or quality. Cost only two and a half cents per cup. All these are proved by the samples we send you free. Please send your dealer's name.

Write us a postal and let the samples introduce to you the most delicious bouillon made.

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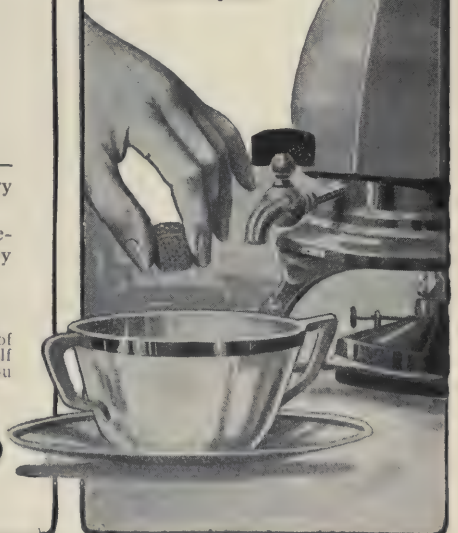
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Lecture VI. Methods of restoration; administration of oxygen, hypodermic medication and transfusion.

Lessons, eight. Demonstrations of all the above.

DIETETICS—Continued.

Lecture I. Carbohydrates, their sources, food values and preparation.

Lecture II. Meats, their food values and methods of preparation.

Lecture III. Eggs, their value, tests for freshness and preparation.

Lecture IV. Fish, clams, oysters.

Lessons, twelve. Practical demonstrations in diet kitchen, preparing and serving the different varieties of food.

ACCIDENTS AND EMERGENCIES.

Lecture I. Burns.

Lecture II. Injuries, wounds, bruises, fractures.

Lecture III. Poisons.

Lecture IV. Sunstroke, heat exhaustion, fainting.

Lecture V. Drowning.

Lessons, five. Demonstrations of methods of relief, applications, precautions.

URINALYSIS.

Lecture I. The urine, its significance and observation of same.

Lesson, one. Practical demonstrations.

POSITIONS AND APPLIANCES FOR RENDERING PATIENTS COMFORTABLE.

Lecture I. Beds, bed-rests, chairs.

Lecture II. Cushions, supports, crutches, braces, splints.

Lessons, two. Demonstrating all appliances.

SENIOR YEAR.

SURGICAL NURSING.

Lectures on eye, ear, nose and throat surgery.

Practical demonstrations of the same.

Lectures on orthopedic surgery.

Practical work in use of appliances.

MEDICAL NURSING.

Lectures on nervous and mental diseases.

Special nursing of nervous and mental cases.

Lectures on special diseases of children.

Special nursing of sick children.

OBSTETRICAL NURSING.

Review lectures on obstetrics.

Special obstetrical cases.

Dietetics, computing cost of foods, planning

menus for people in health and disease. Feeding of children, sick and well. Dietary for special diseases.

Hydrotherapy, practical administration of Nauheim, and other medicated baths.

Electricity, practical demonstration of the use and care of Galvanic and Faradic batteries.

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Care of operating rooms.

Care of instruments.

Cost of supplies and best methods of preparation and use.

Supervising wards.

Assisting in instruction of probationers and first-year nurses.

ETHICS.

Relation of the nurse to the public and to nursing in general.

State societies and National organizations.

State registration.

EMERGENCIES.

Lectures on emergencies, medical, including poisons and their antidotes.

Lectures on emergencies, surgical, with demonstrations.

Lectures on emergencies, obstetrical, with demonstrations of appliances.

Special nursing of private and very ill patients in the hospital.

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ALBERT E. BLACKBURN, M. D., *Secretary*.

The seventeenth annual meeting of the Alice Fisher Alumnae of the Philadelphia General Hospital, was held Easter Monday afternoon in the Nurses' Home. The president was in the chair. The meeting was well attended. The treasurer's report showed a good financial condition.

The twenty-fifth anniversary of the founding of the Training School will be celebrated May 12, 13 and 14. The committee hope that all graduates will attend.

The question of changing the name of the association and incorporating was thoroughly discussed, and motion carried that we adopt the title, Nurses' Alumnae Association of the Philadelphia General Hospital, and that we incorporate.

A committee was appointed to take suitable action on the death of Rev. Fr. McElhone, who was rector of All Saint's Chapel, Block-

A Growing Conviction

There is a growing conviction among physicians that the coffee-habit is, in many cases, a source of perverted nutrition, enervation and impaired function.

With the isolation of alkaloids has come a more clearly defined knowledge of practical materia medica—a more precise therapeutics.

The physician of today who does not know the physiological action of caffeine—the alkaloid in coffee and tea—should certainly not “talk out in meeting” until he has “read up.”

The fact that coffee *does* interfere with the successful treatment of many cases where it is a confirmed habit with the patient, is conceded, but to induce patients to give it up, is another matter.

Many progressive physicians have found postum to be a practicable, safe and convenient therapeutic-adjunct, when coffee is interdicted.

One physician says:—

“I shall always prescribe postum in my practice. It is a food-drink of unequalled value, quickly benefiting the user. All my patients who have given it a trial seem pleased. It meets with invariable success.”

Another, an author of medical text-books, says:—

“Postum is all right for me, since I cannot use coffee more than a day or so without its souring on my stomach.”

Postum is *good for doctors* as well as for their patients.

It contains no drug of any kind. Is made of carefully selected wheat. The berries are first roasted and ground; the mineral-impregnated bran-coat combined with a small proportion of molasses is then roasted separately and the two carefully blended to form the perfected, wholesome product.

The “Clinical Record” for the physician’s bedside use, with name stamped in gold letters on cover, will be sent to any physician who has not already received a copy. Also prepaid sample-box of postum and grape-nuts for clinical experiments.

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ley, for thirty-three years, and was loved and respected by all.

Delegates were elected to attend the convention of the Associated Alumnae in New York. The following officers were elected: President, Miss Molloy; vice-president, Miss Lafferty; second vice-president, Miss Spackman; secretary, Miss Van Thuyne; treasurer, Mrs. Warmuth. Executive Committee—Miss E. Lewis, Miss A. Rogers, Miss E. J. Quintin.

Refreshments were served and a pleasant social time was much enjoyed, and many pleasant friendships were renewed.

M. L. VAN THUYNE.

Dr. Percival J. Eaton, of Pittsburg, gave a very interesting and helpful lecture at the Allegheny General Hospital, on the "Care and Management of Infants and Children," to members of the Alumnae Association and the senior class of the Training School. The lecture was much appreciated by all who were fortunate enough to be present.

On account of the great demand for nurses so few members of the Allegheny General Hospital Nurses' Alumnae Association were able to be present at the April meeting, that it was decided to defer the selection of the representative to the Associated Alumnae Convention until the May meeting.

Miss Violet McCully, who has had charge of the Obstetrical department of the Allegheny General Hospital, has taken up private nursing, and Miss Belle Wilson, a graduate of the school, is her successor at the hospital.

Miss Gertrude Dunn is confined to the hospital on account of illness.

Miss Jessie Foster, of Class 1903, was married March 12th, to Mr. Fred Ault, of Omaha, Neb. Mr. and Mrs. Ault will make their home in Omaha.

The twentieth annual meeting of the Alumnae Association of the Pittsburg Training School for Nurses, was held in the Chapel of the Homoeopathic Hospital, on Friday afternoon, April 15th.

The program included the regular business and the discussion of "Rules for the Regulation of the Sick Nurses' Fund." Suggestion as to change in meetings, proposed amendment to Article V., Section I. of the Constitution, and the election of officers,

New Jersey.

The annual meeting of the State Nurses' Association was held at Passaic, April 5th. Plans were discussed regarding the establishment of a State Board of Registration and the forming of county organizations.

Among other things which were discussed was a saner observance of the Fourth of July. Members recounted their experiences in treating accidents, and the association voted in favor of doing everything possible to carry forward the plans for less dangerous celebrations.

It was announced that there need be no fear of the Pennsylvania Board of Regents' action in regard to the registration of nurses in that State. The action proposed applied to those young women who have completed correspondence school courses and did not affect New Jersey graduates of hospital training schools.

These officers were elected: President, Miss Bertha J. Gardner, Orange Memorial Hospital; first vice-president, Miss Frances A. Dennis, Bellevue Hospital, New York; second vice-president, Miss Edith Hooper, St. Luke's Hospital, New York; secretary, Miss Elizabeth J. Higbee, Passaic General Hospital; treasurer, Miss Beatrice Bamber, Bellevue Hospital, New York; trustee for one year, Miss Edna L. Chambers, Christ Hospital, Jersey City; trustee for two years, Miss Margaret Hickey, Englewood Hospital; trustee for three years, Miss Marietta B. Squire, Orange Memorial Hospital.

The next meeting of the association, which will be the second Tuesday in November, will be held in Newark.

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Massachusetts.

After many years of trial the nurses of Massachusetts seem likely to obtain a bill providing for registration. The measure which has already gone through the House provides for a board of registration to be composed of the Secretary of the State Board of Registration in Medicine, a physician in charge of some hospital, and three nurses who have diplomas showing two years' experience in some hospital, or eight years' experience in practice. Any nurse who is over twenty-one and has been practicing her vocation five years can be registered with the board within a year after the passage of the act without examination,

Types of Anemia—No. 4

THE ANEMIA OF SPECIFIC DISEASE

partakes of the general character of all secondary anemias. Anti-syphilitic medication is almost always aided by judicious hematinic treatment.

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Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

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on payment of a fee of \$5. The act will probably become a law before this number goes to press.

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Connecticut.

In the absence of President Miss Hartenstein, Miss Stack, vice-president, presided at the monthly meeting of the Alumnae Association of C. T. S., New Haven. The question of instructing delegates to the National Convention in May, was discussed. The nominating committee for securing names for the offices for the ensuing year was appointed. Mrs. Julia Marsh, chairman; Miss A. Lansford and Miss Mary L. Falvey. Mrs. Fleischer was appointed a committee to select a place for the annual meeting and shore dinner, to report at the next meeting. With regret we chronicle the serious illness of Miss E. Payne.

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Illinois.

The fiftieth anniversary of the establishment of the first training school for nurses by Florence Nightingale in 1860 is to be celebrated by the Illinois State Association of Graduate Nurses by the issuance of a postal card which is a reproduction of a portrait etching of Miss Nightingale, by Charles Keene.

The card is being issue by the tuberculosis committee of the Nurses' Association for the purpose of raising a fund for the erection, in connection with an Illinois sanitarium, of a frame open-air house for the cure of nurses who contract consumption in the practice of their profession.

Of the 700 nurses on the rolls of the association 200 are caring for consumptives and 20 are said to be in the first stages of the disease. The only free accommodation for nurses with tuberculosis now existing is one bed at the sanitarium at Naperville, Ill. Even this bed is not permanent, but was paid for for the year 1910 from funds raised at Christmas by the sale of the Red Cross tuberculosis stamps.

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Michigan.

To make it possible for the sick who are unable to pay for the attention of trained nurses, the Wayne County Graduate Nurses' Association, Detroit, is gathering a fund from which may be drawn that part of the nurse's fee the patient may be unable to pay. The

registrar of the Nurses' Central Directory will have charge of the fund. The directory is an auxiliary of the county association, and serves as a sort of exchange where those requiring nurses may procure them without delay.

Mrs. Effie Moore, matron of the Home of the Friendless, will become registrar of the directory, succeeding Miss Martha L. Aylesworth, who retires because of other work. Mrs. Moore will be succeeded at the Home of the Friendless by Mrs. Edith Grant, former matron of the State Public School in Coldwater.

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Iowa.

More strict enforcement of the law requiring State registration of nurses will be the principal subject discussed at the meeting of the State Association of Registered Nurses in Des Moines, May 12 and 13.

At a recent conference in Des Moines of the State officers the programme for the convention was prepared. A paper on the subject of "Infant Mortality" will be given at the opening session by Miss Mareinne Zichy, of Fairfield. The paper will be discussed by Miss Elizabeth Rice, of Centerville. Mrs. Jennie Hopkins Dodge, a Sioux City visiting nurse, will present a paper on the subject, "History of Visiting Nurses." Mrs. Josephine Barnhardt, of Moline, Ill., will lead the discussion. A paper on "Red Cross Corps Work" will be read by Miss Aurelia Perry, superintendent of the Presbyterian Hospital at Waterloo. The discussion will be led by Miss Fay Lankelman, of Des Moines.

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Canada.

The graduating exercises of the Misericordia Hospital Training School for Nurses, Edmonton, Alta, took place at the hospital. The graduate, Miss Grace D. Mills, of Detroit, Mich., was accompanied to the reception room by Mrs. Gillespie. The room was decorated in gold and green, the class colors. The opening remarks by his Lordship Bishop Legal were very appropriate, congratulating the hospital authorities and the medical men who devoted so much time to the training school and interests of the hospital on their splendid success, considering the ability of their first graduate, who is of the highest standing, and a "true nurse" in the real sense of the word.

THE NURSING MOTHER

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is of unequalled value, for it sharpens the appetite, increases digestive power and materially augments the whole bodily nutrition. ¶ Thus lactation is promoted naturally, with not only substantial benefit to both mother and child, but with complete avoidance of every ill effect.

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11 "	" " - .50	5 "	" " - 2.25

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When you write Advertisers, please mention **THE TRAINED NURSE.**

Correction.

In the letter signed "ex-Examiner," in the April number, North Carolina was omitted from the States having an examining board composed of physicians and nurses.

Obituary Notes.

Despondent because of frequent spells of melancholia following a severe attack of grip from which she had never fully recovered, Miss Jessie S. Howe, one of the best known trained nurses in Washington, D. C., ended her life by inhaling illuminating gas in her room at 2320 Champlain avenue Northwest, March 31st.

Miss Rosalie Street, twenty-six years old, a senior in the training school for nurses in the Long Island College Hospital in Brooklyn, died March 30th of injuries suffered by falling through a freight elevator shaft.

Miss Street boarded the elevator to take supper to a private patient on the third floor. When starting to leave the elevator her foot caught between the floor of the elevator and the floor of the corridor. John J. McFadden, the elevator man, started it and she fell down to the subcellar, five stories below.

Miss Street came to the hospital from Ottawa, Canada, two and a half years ago, and would have completed her course in June.

Katherine O'Connor died the night of March 15 at the Norton Infirmary, Louisville, Ky. Miss O'Connor had been registrar of the Nurses' Central Directory since its organization two years ago, and its unusual success was due to her untiring efforts, unselfishness and consideration of others. She had not been well for many months, but was at her post until March 11. Miss O'Connor was a member of her alumnae, County Club and State Association.

Impressive services were held at the Woman's Christian Association Hospital, Jamestown, N. Y., over the mortal remains of Miss Lilian E. Baskin, head nurse of the training school, who met a tragic death at the railroad crossing February 23. Those present included many graduate nurses and members of the training school who had worked hand in hand

with Miss Baskin, also the members of the hospital board of management, and nearly if not quite all the physicians of the city. The service, conducted by Rev. R. H. Warren, pastor of the Free Methodist Church, was as simple and impressive as the character and life of the dead girl whose memory all had gathered to honor. The casket was almost covered and banked by flowers and floral pieces, tributes from loving friends. They included remembrances from the board of managers of the Woman's Christian Association Hospital, the training school committee of the hospital, the nurses of the hospital, the nurses in training in the hospital, the physicians of Jamestown, the Free Methodist Church and many individuals.

At a special meeting of the Board of Managers of the hospital the president, Mrs. Frank G. Gifford, paid a touching and beautiful tribute to Miss Baskin, which was followed by a memorial read by Mrs. F. W. Hyde.

Mrs. Arthur B. Woolsey died suddenly at her home at Oswego, N. Y., February 13th. Mrs. Woolsey was Miss Edith Sawyer, a graduate of the Hackensack, N. J., Hospital Training School, class of 1905.

+

Resolutions.

Whereas, It has pleased God in His divine wisdom to remove from our midst Katherine O'Connor;

Whereas, We deplore our loss and we, who saw her in her last days, could not wish them repeated and bow in submission to a Higher Power;

Resolved, That the Alumnae Association of the Norton Infirmary Training School, realizing their great loss in one of their oldest and most esteemed members, one who was always willing, earnest and faithful in the discharge of duty and an example of faith and courage,

Resolved, That this feeble effort to express our appreciation be sent to her friend, Mrs. Brach, to the nursing journals and spread on the minutes.

ANNIE E. RECE,
KATHERINE JENKINS,
MARGARET LEFFLER,



Good Nurses and Careful Mothers

are particular about using no other but

MENNEN'S

BORATED TALCUM
TOILET POWDER

because it is freely recommended above all others by physicians everywhere. MENNEN'S is the safest and purest of Toilet Powders. It not only smooths the skin but soothes the skin, not only hides roughness and rawness but heals them.



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Mennen's Borated Talcum Toilet Powder
Is as necessary for Mother's baby as for Baby's mother

It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's.
Sample Box for 2c. Stamp.

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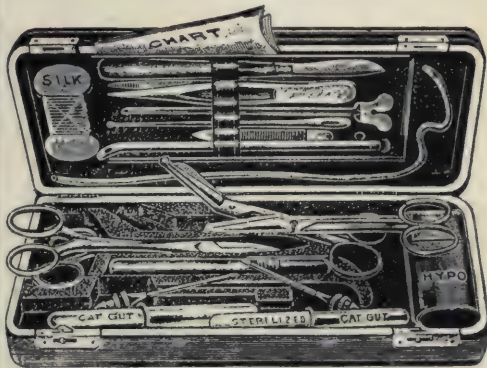
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The Presbyterian Hospital Nurses' Case

A Complete and Up-to-Date Outfit

Consisting of 1 hypodermic syringe, latest, all metal, with 2 needles and 4 vials for tablets, in aluminum case; 1 nail file, 1 scalpel, 1 dressing forceps, 1 grooved director, 2 probes, 1 female metal catheter, 2 saline infusion needles, 1 soft rubber catheter, 1 Woche's best thermometer, 1 5 1/4-inch angular bandage scissors, 1 4 1/4-inch scissors, 2 Jones haemostats, 2 tubes of sterilized catgut, 6 surgical needles, 1 card of silk and clinical notes, which are kept in compartment in rear of the instruments.

Special Price, \$10.00

Send for Catalogue 10 of Modern Goods.

Makers of the celebrated Automatic Baldwin Table.

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High Grade Hospital Furniture and Supplies

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New Remedies and Appliances

Pharyngitis.

In the treatment of pharyngitis equal parts of Katharmon, glycerine and water is a very efficient application to stimulate the follicular secretions to a healthy condition.

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Horsford's Acid Phosphate.

Very satisfactory in its effects in all atonic conditions of the system, notably in the prostration and insomnia attendant upon alcoholism. DR. P. P. GILMARTIN, Detroit, Mich.

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Cuts.

"I am highly pleased with Unguentine for cuts, wounds, etc. I have used it with very satisfactory results, and so far it has proved a very valuable preparation in my hands."

HENRY N. RAND, M.D.

Professor of Diseases of Children, L. I. College Hospital, Brooklyn, N. Y.

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Tachycardia.

"In all forms of tachycardia or intermittance, from the abuse of tea, coffee or alcohol, Cactina Pillets give pronounced relief. In fact, in all of the cardiac neuroses, especially those met in females, this remedy is a dependable means of overcoming excitability and irregularity of the heart action."

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I am pleased to inform you that I used Resinol Ointment and Soap with most gratifying results in a severe case of eczema of the face, the trouble being totally cured in a remarkably short time. I am glad to recommend these preparations.

DR. ANGEL E. RIVERA.

Naguabo, Porto Rico.

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Female Neuroses.

There is scarcely a writer of prominence to-day who does not lay much stress upon the importance of early prolonged treatment of the primary manifestations of an almost infinite variety of nervous affections with the view of preventing the constant development

of still graver troubles as well as to relieve present suffering. In the treatment of female neuroses, a combination of Dioivburnia and Neurosine (equal parts) administered in desertspoonful doses every three hours will prove most efficient.

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Better Get These!

Battle & Co., of St. Louis, have just issued No. 12 of their series of charts on dislocations. This series forms a most valuable and interesting addition to any physician's or nurse's library. They will be sent free of charge on application, and back numbers will also be supplied. If you have missed any of these numbers, better write Battle & Co. for them before the supply is exhausted.

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Listerine Talcum Powder.

An excellent absorbent and deodorant, indispensable in the nursery to prevent soreness and chafing. As an antiseptic dusting powder for the relief of pruritus, prickly heat and other conditions of dermal irritation, it is unequalled. The antiseptic qualities of listerine contained in this powder are of sufficient strength to prove beneficial without causing irritation to the most delicate skin.

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Always to Be Relied Upon.

In instances where the menstrual discharge is membranous or clotty in character, Ergoapiol (Smith) can be relied on to increase its fluidity and thus facilitate its passage from the uterine cavity.

Results are ordinarily most satisfactory when the preparation is administered in doses of one capsule four times a day before and during the menstrual flux.

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Diathetic Anemia.

In specific, rheumatic, tuberculous, malignant or paludal infections, the primal cause must be attacked with all the weapons of modern medical warfare that are likely to be of service, either antidotal or nutritional. At

INSTRUCTION IN MASSAGE

THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months Tuition Fee, \$75.00

Course in Electro-Therapy

Term: 2 Months Tuition Fee, \$25.00

Course in Hydro-Therapy in all its Forms

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SPRING CLASSES OPEN MAY 17th, 1910

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No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Fall Classes open September 21st, 1910. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

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HOWARD T. KARSNER, M.D. } (Instructors University

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T. D. TAGGART, M.D. (Jefferson Med. College).

ELDRIDGE L. ELIASON, M.D. (Instr't'r Univ. of Penna.)

LOUIS H. A. VON COTZHAUSEN, Ph. G., M. D.

(Graduate Phila. College of Pharmacy, Med. Dept.

University of Penna., Penna. Orthopaedic Institute).

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

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Breslau, Germany, and lecturer to St. Joseph's,

St. Mary's, Philadelphia General Hospital (Block-

ley), Mount Sinai and W. Phila. Hosp. for Women,

Cooper Hosp., etc.)

HELENE BONDORFF (Gym. Ins., Stockholm, Sweden).

LILLIE H. MARSHALL } (Pennsylvania Orthopaedic

EDITH W. KNIGHT } Institute).

MARGARET A. ZABEL (German Hospital, Philadel-

phia, Penna. Orthopaedic Institute).

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JOHNSON'S FOOT SOAP

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ACTS LIKE MAGIC

40 Years the Standard of Efficiency.

Instantly Stops that everlasting Smarting, Aching and Foot Weariness. Dissolves Corns and Callouses. Soothes and removes Bunions and all Inflammations. Relieves and Prevents Excessive Perspiration. A triumph of medical skill. Worked out by William Johnson, graduate of the London Chemical Laboratory. One cake will demonstrate it. Buy a cake today and know what Foot Comfort means.

Large cake, 25c. All druggists. Samples free on request.

Money Back if Not Satisfied.

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the same time, it is quite certain that a perfectly bland, non-irritant and readily tolerable hemic restorative, such as Pepto-Mangan (Gude), is needed. This palatable preparation of iron and manganese, in the form of organic peptonates, can almost always be given with distinct advantage to appetite, digestion, nutrition and general "well-being," while causative therapy is under way.

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Glyco-Thymoline.

Glyco-Thymoline will inhibit the propagation of bacterial life and neutralize destructive acids. The continued use will also guard against attacks of acute inflammatory diseases, such as Tonsillitis, Diphtheria or Catarrhal Pharyngitis. Another fact I have noticed—the daily use of Glyco-Thymoline as a mouth wash means that toothache is made a thing of the past.

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The Satisfaction of Successful Therapy.

There is always a great and lasting satisfaction to be derived from administering a remedy and obtaining the result desired and expected. Aside from the therapeutic and more or less material benefits, the gain in medical confidence from standpoints of both practitioner and patient, is always considerable. Few remedies have given rise so consistently to the satisfaction of therapeutic dependability as Gray's Glycerine Tonic Comp.

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Valuable Conclusions.

The case of G. H. is reported by J. S. Norwell, M. B., C. M., B. Sc., of Edinburgh, Scotland, as follows: "Suffered from headaches which proceeded from errors in diet. I arranged a table of diet for him which proved beneficial. I prescribed antikamnia tablets, and with the very best results. His headaches were kept under until his changed dietary had time to effect more permanent relief.

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Baker's Breakfast Cocoa.

This admirable preparation is made from selected cocoa, from which the excess of oil has been removed. It is absolutely pure, and it is soluble. It has more than three times the strength of cocoa mixed with starch, arrow-root or sugar, and is, therefore, far more economical, costing less than one cent a cup. It is delicious, nourishing, strengthening,

easily digested, and admirably adapted for invalids as well as for persons in health.

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Duroy Wines—Port.

As a blood-maker and tissue-builder, Duroy Port stands supreme. Has a full, rich body, the true flavor of the grape, and an exquisite bouquet. With pure olive oil, Duroy Port is the best remedy known for digestive troubles. Should be served at about 60 degrees—not too cold.

Every bottle of Duroy wine is shipped with this distinct understanding:

That if, within five days after its receipt, you find any of our products in any way unsatisfactory, we will promptly and cheerfully replace same free of charge; or, if desired, refund your money.

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There are few conditions calling for an antiseptic, antipruritic and germicidal resolvent, which cannot be controlled with Carbenzol. It has, moreover, unique therapeutic features. Externally it is antiphlogistic and emollient, reducing inflammation and relieving pain or formication. It destroys fungi and their spores; promptly reduces discharges and acts as a prompt deodorant.

It is potent in action! Positive in efficacy! Non-irritating! Non-toxic!

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Send Us a New Recipe.

You can make a hundred new drinks and delicacies with Walker's Grape Juice. Send us the one you like best.

If it is new to us, and considered suitable for publication, we will send you prepaid one case of one dozen pint bottles of Walker's Grape Juice. This case retails for three dollars.

Address your letter to Recipe Department, The Grape Products Company, North East, Pa. If you wish your recipe returned in case it is not accepted, be sure to enclose return postage.

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From a Visitor.

The Swedish Massage School, 61 East Eighty-sixth street, New York City, under the direction of Dr. Gudrun Holm, a graduate of Copenhagen, is introducing the Swedish system of manual therapeutics so

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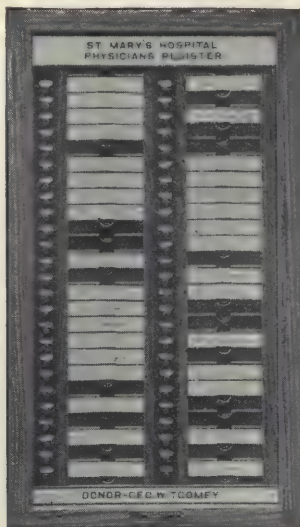
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Ask your Druggist for them and
make your own "Buttermilk" or
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Pure, Wholesome, Refreshing.

**15 tablets for 25c
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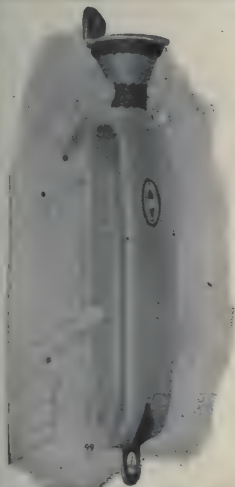
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POSITIVELY SEAMLESS—Will not leak

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Star Seamless Water Bottles

have won the praises and endorsement of the entire
Trained Nurse and Hospital profession. They are
all three in one. They are the only *positively seam-*
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how we have devised a way to mould them all in
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Send for free copy of "The Blood of
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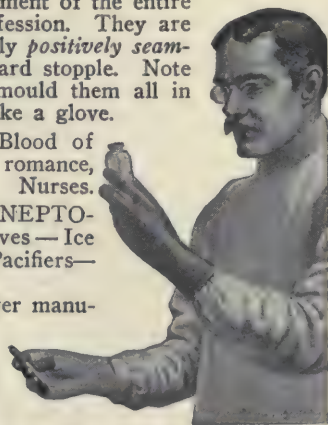
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much in demand at this time, on account of its superior healing power in chronic and semi-acute diseases.

During the three months' course the students must attend theoretical lectures besides doing practical work—then after a successful examination a diploma is given which enables the student to engage successfully in private practice, or obtain an institutional position. See advertisement in this issue.

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A "Case" Record.

The Nurse's Case, as placed on the market by the Max Wocher & Son Co., has met with great sale. It seems to contain all the essential instruments required by a visiting nurse. It is described in one of their advertisements.

A new feature has been added to the Automatic Wocher-Baldwin Operating Tables, made by the Max Wocher & Son Co., of Cincinnati, which has met with great success. The leg extension support has been lengthened about six inches, whereby the reversed Trendelenburg posture can be obtained. This position is so desirable, especially in goitre, breast or head operations, or where it is desired to have the head elevated.

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Napsco Obstetrical Set No. 1.

Accouchement Pad, \$1.00; Receiving Blanket, 25c.; Stockings, 1 pair, 50c.; Abdominal Binder, 40c.; Breast Binder Jacket, 50c.; T. Binder, 30c.; Muslin for Binders, 3 yards, 35c. (the above made of bleached muslin); Gauze, 5 yards, 30c.; Sponges, Abs. Cotton, 35c.; Abs. Cotton, 1 lb. Roll, 35c.; Gauze Strips for Packing, 10c.; Vulva Pads, 4 dozen, \$1.25; Umb. Dressings, 1 dozen, 20c.; Umb. Cord Tape, 10c.; Applicators, 1 Pkg., 5 dozen, 25c.; Rubber Sheeting, 1x1½ yards, \$1.50; 1 Quilted Pad, 80c.; Hand Brush, 10c.; Catheter Glass, 15c.; Douche Point Glass, 15c.; Enema Point Glass, 10c. Total \$9.00. See advertisement in this issue.

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Insanity.

While it is true that moral influences are excellent and indispensable in the cure of mental diseases, yet at a certain period nothing can equal the calmative effects which may be induced by Daniel's Conct. Tr. Passiflora Incarnata. When the symptoms of nervous insanity first appear, such as the expression of incoher-

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Therapy.

Briefly summarized Sal Laxa is clearly indicated in the treatment of hepatic torpor, "biliousness" with headache, furred tongue, loss of appetite, constipation, nervous depression, low spirits and sallow complexion due to over-feeding, sedentary or luxurious habits and want of exercise.

It is especially effective as a means of relieving the morbid depression which invariably follows overindulgence in alcohol.

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Something Absolutely New.

The simplest, most convenient, one of the most powerful and thoroughly efficient medical batteries ever made. It consists of three parts, the battery itself, which is enclosed in a nickel plated case of such size as will just fit the hand, the hair brush electrode, and the sponge electrode, both of which can be easily attached to the battery when desired. There are no wires or cords to attach, no plugs to insert; no chemicals to spill, nothing inconvenient about the use of the battery whatever.

If upon receipt of the battery you are not satisfied with it, your money will be promptly refunded. Price complete, \$7.50.

GENESEE SALES COMPANY.

211 Lake street, Chicago Ill.

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Don't Breathe Disease Germs.

We desire to call your attention to our newest up-to-date electrical device—Duntley's Electric Air Washer. Think of it! You are positively enabled by the use of this machine *to wash perfectly clean the very air you breathe*. By its use you can introduce fresh air into any room or building and wash it perfectly clean of all impurities as it comes in.

The Duntley Electric Air Washer is a veritable blessing to the human race, making it possible in your own home to destroy bacilli or disease germs of whatever nature they may

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1908 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and co-ordination exercises.

The instruction will occupy about seven months, beginning in October, 1909. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechano-therapy or separately.

This course last four months, and the fee is \$25.

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6 OZ.
SPRINKLER
TOP.



One of above special bottles of
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FREE
Express Prepaid

to any *Trained Nurse* on application.

We want you to know the value of *Glyco-Thymoline*. It stands on its merits.

Mention this Magazine.

KRESS & OWEN COMPANY
210 Fulton St., New York.

be; supplying clean air to the sickroom, destroying moths, flies, mosquitos, bedbugs, or other vermin, quickly, effectually and economically.

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Why Waste Strength?

Seventy-five per cent of the labor in nursing is saved by using the Wallace Adjustable Invalid Bed. Indispensable for fractures, hemorrhages, obstetrical and other emergency cases. Every position obtainable on an operating table easily and quickly secured without inconvenience to patient or attendant. The middle section drops for use of bed pan and douche; no lifting or moving of invalid required; solves the problem of drainage in pelvic surgery; prevents bed sores; also renders surgical dressings and bathing an easy matter. Highly endorsed by physicians, nurses and hospitals. Price \$60.00. Write for booklet to The Wallace Invalid Bed Co., 209 State street, Chicago, Ill.

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A Pioneer House.

Established in 1844, the house of Sharp & Smith, Chicago, Ill., makers and importers of surgical instruments, trusses, deformity apparatus, etc., has established an enviable reputation, and its fame has extended many miles beyond the boundaries of the city and State. Though their establishment has become possibly the most extensive of its kind in the Western country, yet those dealing with Sharp & Smith have the satisfaction of knowing that the most minute detail has the personal supervision of each member of the firm, thus insuring absolute satisfaction. A trained corps of assistants, each an expert in his special department, is always in readiness to administer to the needs of patrons, and complete satisfaction is guaranteed in every instance, the smallest order receiving the same painstaking care which characterized everything this firm does. Their advertisement appears in another column.

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Excessive Protein.

Grape-Nuts, made of whole wheat and barley, when served with good cream, is a perfectly balanced food—contains from 12 to 15 per cent protein to about 75 per cent carbohydrates—in that the protein is not in excess; it is not liable to contamination from bacteria,

being sterilized by twelve to sixteen hours baking; is of a nutty, appetizing flavor and the cream supplies an easily regulated amount of fat. Patients who have been having too much meat do well on Grape-Nuts.

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Stands the Test.

We label our soap "Pure Linseed Oil Soap." To do so, it must be made of Pure Linseed Oil. The United States government requires Linseed Oil to be pure on account of it being used as a drug, so there can be nothing used to make soap that is as pure as Linseed Oil. At the same time it is an economical soap, comparing the cost with any other soap on the market.

The most severe test to which any soap can be subjected to prove whether it is neutral or not, is to put a little Phenolphthalein Powder on it. If it contains free alkali it will begin to turn red almost as soon as the powder touches it. Arrow Brand Pure Linseed Oil Soap is the only soap made that will stand this test, and our salesmen are the only ones that dare carry this powder with them to test soaps with. See advertisements in this issue.

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Delicacies for the Sick.

In preparing Horlick's Malted Milk, sufficient of the powder should be used to bring out its distinctive body and flavor. About two heaping tablespoonfuls should be dissolved in the ordinary cup or glass of water. The powder is first made into a thin, uniform paste with a little warm water, and then stirred briskly while the additional water is added, resulting in a perfect solution.

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The New "Record" Hypodermic Syringe.

Send for a descriptive catalogue to the Valzahn Company, No. 1629 Chestnut street, Philadelphia, Pa., or better still, send for a "Record" Syringe. See the advertisement on the first page of this magazine.

+

More Frequently Than Others.

I have always found Benger's Food a most useful preparation, and employ it perhaps more frequently than any of the others.

CLAUDE BUCHANAN KER, M.D.,
In his book "Infectious Diseases."

Help Wanted ?

Would a quiet, efficient and unobtrusive assistant be acceptable to you during the long, nerve-trying hours of duty—an assistant that would relieve you of one-half the routine part of your work?

The R.R.R. helps for nurses will render you just such assistance—every one is a specialist in its own particular field, meeting every requirement of modern nursing.

One of these helps is shown in this advertisement—

The R. R. R. Thermometer Set—Mouth, Rectal and Bath Thermometers

In a Combination Case

that will insure your readiness for all thermometer emergencies. It will PAY YOU to know about the R.R.R. method of replacing broken thermometers.

The R.R.R. helps also include charts for every purpose—bed-side, maternity and T. P. & R.—and the READY REFERENCE REGISTER, the history of your own personal experiences.

You are entitled to a free and complete set of samples of these "Silent Sick-room Assistants;" to get them just write "Please send samples of the R.R.R." over your name and address on a postal. Address the postal to

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The Defender Mfg. Company's Sheets and Pillow Cases

Measure up to the full number of inches, stand the wear and tear of frequent laundering, have straight edges because the sheeting from which they are made is torn by hand—not cut.

DEFENDER

Is the particular brand best adapted for use in Hospitals and Public Institutions. It is remarkably durable and will render the utmost possible service under trying conditions.

These goods are made on our own premises, under the most rigid sanitary conditions, and come in all sizes.

Special Grades for Home Use.

THE H. B. CLAFLIN COMPANY

Wholesale Distributors

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An
**ESKAY'S
FOOD**
Boy

Eskay's Food was
substituted for mother's
milk when this husky
little fellow was two months old.
His picture tells the story.

*Ten bottles of ESKAY'S
was bought for mother's use to
care for the baby's food.*

SMITH, KLINE & FRENCH CO., 436 Arch St., Philadelphia

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The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKESIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

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has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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Single Copies20

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BOOK REVIEWS—Continued.

Nutrition and Dietetics. A Manual for Students of Medicine, for Trained Nurses, and for Dietitians in Hospitals and Other Institutions, by Winfield S. Hall, Ph. D., M. D., Professor of Physiology, Northwestern University Medical School; Lecturer on Physiology and Dietetics in Mercy Hospital and Wesley Hospital, Chicago. Price, \$2.00. For sale by the Lakeside Publishing Company.

Here is a somewhat advanced work on dietetics and undoubtedly a useful book for those who intend to make this branch of knowledge a specialty. It is not a book full of recipes, but approaches its subject from the scientific point of view.

In one respect, however, it includes part of the province of the ordinary books on food for the sick. It contains a large number of classified diets and menus which will be appreciated by any practicing nurse, even if she did not intend to study the chemistry of food and the philosophy of digestion as deeply as they are gone into in this work.

It would seem to us that a book on nutrition and dietetics of 315 pages might spare one little chapter to be devoted especially to hospital dietetics.

+

Text-Book of Medical and Pharmaceutical Chemistry. By Elias H. Bartley, B. S., M. D., Ph. G., Professor of Chemistry, Toxicology and Pediatrics in Long Island College Hospital; Late Dean and Professor of Organic Chemistry in the Brooklyn College of Pharmacy, etc., etc., seventh revised edition, with ninety illustrations. For sale by the Lakeside Publishing Company. Price, \$3.00.

This is a very thorough and complete work for medical students. This book is not for beginners, and yet so clearly is everything explained that any one with a fair knowledge of chemistry would be able to follow it with ease.

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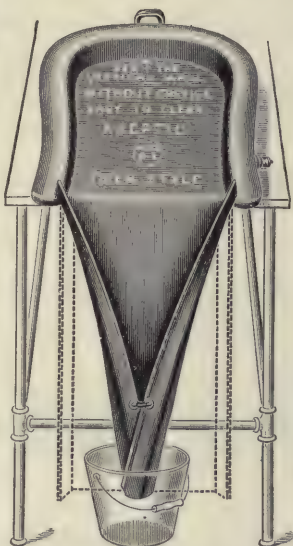
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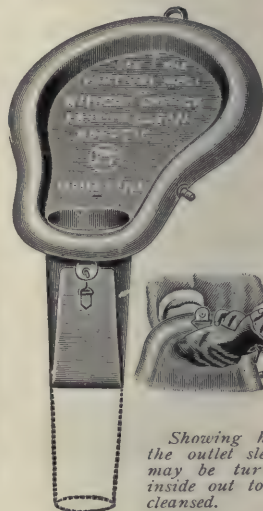


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The Trained Nurse and Hospital Review

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No. 6

Nursing for the Neurologist*

The Psychic Factor and What To Avoid—The Principles That Guide

TOM A. WILLIAMS, M.B., C.M. (EDIN.), WASHINGTON, D. C.

Membre Correspondent Etranger de la Societe de Neurologie de Paris, etc.

Neurologist to Epiphany Free Dispensary.

UNDER a neurologist there are at least four types of cases which a nurse may have to undertake.

Firstly—Cases of organic nervous disease in which the difficulties are mainly physical, such as care of bed sores, the minimizing of the unpleasantness of involuntary evacuations, the difficulties due to paralysis, tremor and so on. Every well-trained general nurse should know these things; so I need not enlarge upon this matter.

Secondly—Cases of what may be justly called nervousness, as distinct from so much that is improperly so-called. In some respects, these are the most difficult of all cases, requiring as they do the finest qualities toward their understanding and care. Faults of commission are the nurse's main pitfalls with these patients, and I shall have much to say of these.

Thirdly—We must consider the cases of mental alienation which are not dangerous or unmanageable enough to be

committed. For these subjects the art of avoidance is perhaps of prime importance; but a good deal can be done by psychological skill, although for them experience, at least when it has been gained intelligently, is quite a large factor.

Fourthly—The most troublesome of all cases are those persons who are neither diseased in body, insane in mind, nor nervous in the true sense, but who are merely ill-conducted and sometimes positively wicked or of malignant temper. They are the adult edition of the spoilt child. The principles to be used in dealing with them are the same as those to be used for naughty children; but to carry them out is much more difficult; for the patient's opposition is guided by the experience and intelligence of a grown person. Their conduct, although misguided, may not be altogether irrational.

Before considering any of these types in detail, it will save time to indicate

*Address to the Graduate Nurses' Association of the District of Columbia, and contributed to THE TRAINED NURSE.

what the neurologist's nurse should be. To do this I am going to borrow largely from the experience of that great master of neurological nursing and the doyen of it all, Dr. Weir Mitchell. I do not need to apologize for introducing before you some data and conclusions which his colossal experience has furnished. The opportunities for gaining the wisdom which is his are afforded to few of us; and his manner of presenting them is possessed by none. In addition, to show you that there is nothing of the archaic in the maxims of Dr. Weir Mitchell regarding his art, I shall present you the results of the collision of that art with the modern procedures which have sprung from the medicine of our own day, the scientific age.

To do this, I shall avail myself of the unique experience afforded by the work of three members of the same family, one in each generation in the direct line, who respectively inaugurated, have developed and are carrying on neurological art in the United States. The first of these was Dr. Mitchell's father, who was the first medical man in Philadelphia to practice hypnotism, for which he lost the esteem of his professional brethren, from whose superstitious timidity we are, I am glad to say, emancipating ourselves more and more. Of course we do not find fault with them for rejecting hypnotism as a practice; its usefulness is a matter of medical experience and still *sub judice*, although most of us employ it very sparingly. What we do object to is our predecessors' refusal to examine hypnotism as a scientific measure, and their readiness to make up their mind that hypnotism was inexpedient, before they even knew what it was. Such an attitude not only curtailed the usefulness of a great man, but postponed our

knowledge of the psychoneuroses until the greater enlightenment and scientific toleration of French physicians gave us the understanding of the limitations of hypnosis and allied conditions which has done so much to give us mastery over the neurotic states with which we are largely concerned this afternoon.

The grandson is Dr. John Mitchell; and it is his notion of what a neurological nurse should be that I shall first give you; for it is with us, of his generation, that you will have in your practice most often to deal.

In the first place, he appreciates that as one man's meat is another man's poison, so she who is a comfort to one woman may be anathema to another; so Dr. John Mitchell is very ready to change his nurse; and this change is in no way derogatory to her. If his nurses think so, they are not the women for him, and had better give up neurological nursing. To those whose self-love is too insistent to be mollified by the exigencies of their profession, let me relate the practice of Dr. Oberthur, the most accomplished psychotherapist in Paris, the neurological metropolis of the world. He is the director of a private sanitarium, in which are seven physicians, and he has informed me that he considers his most important function to be the allocation of the members of his medical staff to the patients to whom, after he has examined them, he believes each doctor best suited.

But to resume our thread. Dr. John Mitchell believes essential for his nurse "a delicacy of thought and modesty of manner and conduct which no training can give unless the proper ground-work has already been laid," that fine instinct which puts us in another's place, makes us see with another's eyes, and so pre-

vents us from rudely trampling upon another's feelings. She must know when to use the curb and when to give the patient temporary rein. A struggle to enforce order is a bad thing; for the victory of obedience may be purchased too dearly. The absolutism of the hospital is out of place in the psychoneuroses. There are people who cannot be brought to understand this, and they are out of place either as physician or nurse to a psychoneurotic case.

Dr. John Mitchell emphasizes the need of his nurse to keep minute notes of the case, not merely the formal account which no nurse would dispense with, but what she has observed, her own thoughts about the case, and the questions she desires to ask the doctor. Even the nurse's own notions of further measures of treatment are not out of place. Of course the doctor will already have anticipated most of these, and an intelligent woman will learn much from the reasons of their rejection, and every now and then she will furnish real aid in the case.

I should like to add that it is very important that notes should be as much as possible confined to observed facts and should avoid impressions and judgments. It is better to state the actual words of the patient than to say that she spoke hysterically, or was delirious, bad-tempered, abusive or depressed. It is better to describe her attitudes and acts than to say she was nervous and melancholic.

Dr. John Mitchell's nurse must know a great deal about the preparation of food, and especially how to make it appetizing as well as wholesome, and to serve it with neatness and taste. His nurse, of course, must know how to apply faradic electricity without intimidat-

ing, paining or exciting the patient. She must have gentle hands, and be able to massage at need, even although the massage is generally done by a visiting nurse.

Above all she must not think she knows better than the doctor, especially during convalescence; for one is very apt to believe that a patient should do more than she really can with safety, and judgment of this is especially difficult, for some patients really require a good deal of urging as part of the treatment to regain normal strength.

There are innumerable minute details required of the successful neurological nurse. Had they not actually occurred, I need not have mentioned such apparently impossible solecisms as the use of a rocking chair, a nurse making a squeaking noise by rubbing her feet on the rungs of a chair, slamming the door, whispering, walking on tip toe, blowing upon the soup, omitting the washing of hands after the changing of dressings, making beds or emptying slops. The talking of hospital shop is a particularly heinous offense. Other sins are the using of perfume, which may be distasteful to the patient; the receiving of personal visitors. Obtrusion of one's personal charms before a sick woman is a particularly obnoxious offense, and it was an offense of this kind which furnished Dr. John Mitchell with perhaps the most remarkable experience of his neurological career.

One day, quietly entering his patient's room, he beheld the nurse seated in a bath, and expatiating to the horrified patient upon her own personal charms, which were revealed in pristine nudity to his astonished gaze. Need I say that that evening there was a neurological nurse the less in Philadelphia?

The ideal nurse of Dr. Weir Mitchell has many times been seen by him in the flesh, and he is astonished that she has not yet been depicted convincingly by the novelist, as has the ideal physician in George Eliot's Dr. Lydgate in Middlemarch, whom Dr. Mitchell calls "a doctor inside of a man." He himself does not feel himself competent to portray the *model* nurse until he himself has been her patient; he, however, draws for us his *ideal* nurse.

From achieving this distinction many an American woman has been handicapped by misfortunes of social natural history arising from an erroneous interpretation of the true meaning of democracy and a false view of the doctrine of equality. Nowadays, however, this disability is being overcome by the exigencies of efficient industrialism. The chivalric expectations which emanate from the *noli me tangere* attitude of the artificially protected femininity of former days find themselves relegated to an innocuous background if they do not adapt themselves to the exactions of modern development. In this respect Dr. Mitchell finds the English woman has a great advantage, which is shared by the better educated American.

But, after all, adaptability can overcome this disadvantage, and a course in a technical school, such as the Drexel Institute, if the will is there, can give an observant girl an insight not only into the elements of chemistry and their application to cookery, and the fundamentals of anatomy and bacteriology, but, what is even more valuable, a point of view which may enable her to relate herself more truly to the great world in which she aspires to play an active part. Such preliminary science, too, will make the ward work more interesting.

Dr. Weir Mitchell likes his nurse to be good looking, in spite of the dictum of a certain head nurse who once said: "I like my nurses plain; it saves a lot of bother." Dr. Mitchell thinks that she does not know her sex; and he is agreed with by that great pupil of Miss Nightingale, Miss Fisher, "whom the Philadelphians remember with love and reverence as nurse, saint and high-bred lady." This requirement is no bar to the plainest, for by the time a girl is twenty-five, if she is what she ought to be, she can get quite enough into her face to be attractive and pleasing. In doing so by means of sweet and helpful thoughts and acts, the future nurse will have attained the true good manners which are more than mere conventionality, the ape-like imitation of what one sees. To know how to say and do the required without offending, even when unpleasant, demands a delicacy and beauty not to be gained superficially nor in a day. Of such a woman, a clever though ill-tempered patient once said: "I have exhausted all my resources trying to make that nurse angry; she had anti-friction manners."

The repose of manner which such a woman shows is not that of vacuity or indifference, but arises from the strength of power to wait, to see; power which knows that it need not be constantly *en evidence*; that masterfulness is most effective when least aggressive; that movement does not necessarily mean motion; that it is not activity, but direction, which counts. Hence her zeal is in her heart and not in her mouth. It is not her object to impress the family, the doctor, or the patient; in fact, she avoids the metaphorical rolling-up-of-sleeves, squaring-of-elbows attitude, as she does the figurative bobbing up to show that, although

Jack is in his box, the lid is loose and he will pop out upon the least provocation.

Dr. Weir Mitchell's widest claim to fame has been summarized as the "rest cure," a most erroneous cognomen, for he himself has always strongly insisted upon the element of effort demanded of the patient after the preliminary rest to attain good bodily health. As a means to stimulate effort, he uses not only graduated gymnastic exercises, but the handicrafts, such as modelling, flower making, basket weaving, special sewing; even the arts of music and painting may be invoked. These all give an object to the patient, and it should be a commonplace in the case of mental disorders that incentive breeds effort. Even in the healthy, the aimless walk is much less desirable than is an excursion with an object in view. Hence the value of the arts, for here accomplishment becomes the object in which self-consciousness can be submerged. A task undertaken for health's sake keeps in mind health's failure, but when the interest is absorbed in the task for its own sake, all the mental forces are stimulated apart from self. So Dr. Mitchell desires in his ideal nurse as many accomplishments as possible, so that she can instruct and guide the patient in performing tasks which are new to her and therefore interesting in themselves. It is important for the nurse to remember that tasks which can be already performed automatically do not develop the mind; they only leave it free to the wanderings of fancy or the broodings of dejection. Hence sewing is, as a rule, an undesirable task for most nervous invalid women; it might be an excellent thing for a nervous man.

A very successful and distinguished neurologist's nurse, Miss Ella Wicker-

sham, now superintendent of the Samaritan Hospital, in Philadelphia, has related to me that one of her greatest successes was achieved through this principle. She had been sent to Florida with a woman whose mind had never grasped the realities of life, who dwelt in a metaphysical world. The means used to bring her to earth was the study of botany in the collecting and growing of plants. For some time this was done by the patient indifferently, as a task; but gradually she progressed in accomplishment, and as she did so, in understanding, until one day her inefficient hands at last achieved a long attempted task and she came in to breakfast glowing with joy, saying: "I have done it! I have done it!" What she had done would have been child's play to a person even of quite humble intelligence. She had merely succeeded in successfully transplanting, before breakfast, a small shrub, a task she had hitherto had to postpone unfinished because always interrupted by the breakfast bell, so uneducated were her hands. As the result of this kind of training the material world opened to her as to a child, and she became an enthusiast in material things as she had once been in immaterial; she ceased to brood over spiritual things, and gained balance. The conversion was performed by *dynamic education* of the discouraged and suppressed normal activities, which had been swamped by the cobwebs of so-called philosophy, which her previous nurse had only fostered by a discussion, which she had not known how to direct into healthy channels.

We have diverged imperceptibly from the dicta of Dr. Weir Mitchell, and I wish to relate now some more of the fruit of Miss Wickersham's experience, in directing your attention particularly

toward matters to be sedulously avoided in the nursing of invalids. In the first place with regard to petty annoyances, each patient has her own *bête noir*, and some of them are very trivial, but a nurse cannot be acquainted with too many of them. For instance, the arrangement of the food and dishes on a tray may offend, so the nurse should most carefully observe the patient's expression when the first meals are brought; water trickling from a glass may annoy; the window shade may cause an unpleasant glare or make the light too dim. It might appear easy for the patients to remark their disapproval, but a psychasthenic patient is practically incapable of the effort of will required to do this, for the sensibilities are so exaggerated that the most minute act becomes a problem, and doubt prevents decision, and her state is one of aboulia. The appreciation of the patient may not be voiced, but it is nevertheless felt when her misgivings are perceived, her doubts decided and her mind thus tranquillized by the attendant whose insight has removed her difficulty without requiring her own intervention. To these patients the personal questions which often occur during unskilful attempts at conversation are particularly obnoxious. So also is the handling of the patient's belongings by the nurse, for who knows how many exaggerated sentimental memories are not associated with her possessions? It may be wise during the case to explore these sensibilities by means of some object to which the patient is attached. The information may be useful to the physician, although it is hardly likely to escape for long a competent psychotherapist; but such groping must be done with antennae of the greatest sensitiveness and invisibility, and a nurse

who has not this delicacy of touch had better abstain from such research.

[To return to little annoyances: the noise of a silk underskirt is most objectionable to some patients, as is walking on tiptoe or talking in a suppressed voice. Massaging with too light a touch sometimes causes great apprehension, as it gives the patient the impression of uncertainty, than which nothing is more painful to a psychasthenic, whose own lack of certitude is one of her main troubles, and to whom carefulness may appear clumsiness. So handling must be swift and firm, though not brusque nor rough. An appearance of either dawdling or haste must be avoided.

Remember that self-assertiveness or even an appearance of assurance is most untranquillizing, and the attitude of condescension to one's work is more obnoxious still. Perhaps the best instance one could give of high intelligence and insight, coupled with unostentatious devotion to the interest of the patient and a supreme realization of her own function, was that of the nurse who one day discovered that a very apprehensive patient had taken by mistake the wrong medicine. She said not a word to the patient, but quietly poured out a dose of the medicine and took it herself, thereby exhibiting its harmlessness, and in this way allaying any anxiety her patient might afterward have felt.

Any appearance of strenuousness must be avoided; unusual incidents should appear to be taken as they come, and should not be punctuated by astonishment or perturbation. For example: Nurse sometimes wishes to see the doctor alone, sometimes she does not. A fearful patient will at once notice a difference in the routine, and may conjure up all sorts of terrors, in conse-

quence of a nurse leaving the room to speak to the doctor upon his departure. Hence the nurse should make a practice of *always* leaving the room along with the doctor at the conclusion of his visit. The nurse, too, must think of little comforts, e. g., a relay of hot towels, for which, perhaps, the patient dare not ask; a pad under the back, the right placing of a light, and so on.

What is read aloud to a patient must be selected with great discrimination. Of course the doctor should be consulted, but he cannot be conversant with every suitable or unsuitable book, and even the suitable books may contain passages unsuitable for a particular case, and the nurse is responsible for eliminating these by perusing beforehand what she is to read to her patient. To do this, of course, she will have found out from the doctor and by observation the sensitive points. A nurse should remember that she is both the agent and regent of the doctor; she is the means by which his hands, directed by his mind, can be multiplied a hundred fold. She must not forget that she is doing and thinking for him. Her own individuality must be subserved to the exigencies which each case demands. As Dr. John Mitchell puts it, she may be a Moham-medan provided she does her work, and does not allow her opinions to pervade the atmosphere of the sick room. Remember that the experiences of the nursing world are above all things to be avoided in the care of the psychopathies, and one of the neurologist's nurse's main duties is to seek outside her own world matters which will awaken the interest of the patient in something beyond her own ills.

On the other hand, there is a type of patient for whom quite different behav-

ior is needed; but delicate discrimination is required before a nurse would dare, on her own responsibility, to embark upon the course which the following instance discloses: An unbalanced woman had for three hours been pretending to her nurse that she would commit suicide while they were in the street together, and she suggested various ways of doing so. The nurse, who had decided that she was playing a comedy, merely acquiesced, saying: "I shall, of course, have to go and view the body at the coroner's," and then launched into a description, the most ghastly of which she was capable, of how a mutilated body looked. This caused the patient to desist. Another day the same patient twisted a stocking round her neck, pretending she would choke herself to death; the nurse merely stood and watched, and the patient soon ceased, becoming interested in her changing color and the fact that she did not suffer as she expected. She later stated to the nurse: "I am not mad, I am simply devilish."

During another sickness the same nurse made a patient feel toward her the obligations of a hostess toward a guest, and in this way cultivated her own control while having the nurse's moral support. She accomplished this by sending away the patient's maid and herself insisting upon taking her place during a visit to the mountains. The nurse ignored the patient's infirmity of purpose and instability, which her family always took for granted; the nurse acted as if she expected the patient to fulfil the obligations of a lady, and the patient rose to the occasion.

This same patient in an impulse of contrariety sometimes refused to eat her breakfast when brought to her room. So

unstable was she that a few moments later she would desire her breakfast, but for very shame would continue to refuse it. Such is the consistency of the unbalanced. Accordingly our nurse obviated this by making it a custom that the tray should be brought by one maid and taken away by another. When the nurse wanted this patient to get up without the friction of a struggle, she used simply to ask if she could have the breakfast tray brought up. The negativism of the patient would not permit her to acquiesce, and she forthwith got up.

Once when the patient refused breakfast her nurse merely removed the tray without noticing her refusal, while telling a story not relevant to the refusal which she ignored. The patient ate her dinner.

Great ingenuity is sometimes required to overcome a patient's false belief in her own incapacity, for instance, to stand. The presence of sympathetic relatives would of course not be permitted by an instructed physician, but there sometimes arise occasions where a nurse's own resources have to meet domestic difficulties. Thus Miss Wickersham once nursed a believer in homeopathy who had become dyspeptic, emaciated and bed-ridden in playing upon the misguided sympathy of her husband. She had not walked for a year, and the first attempt at standing had been made in the presence of a great parade of restoratives, including the husband. Of course these counter-suggestions caused failure, and the woman fainted. That day the doctor, who was no psychotherapist, engaged Miss Wickersham. She went and sent every one out of the room, saying nothing about getting the patient up. She placed a chair by the bed while airing the bedclothes, and of

course had to place the patient in the chair while engaging her mind in interesting talk. After five minutes the nurse drew the patient's attention to the fact that she was sitting up, and the patient was so surprised at her own strength that she wanted to sit longer, which, of course, was not permitted. *Festina lente* must be one's motto when nursing asthenia.

This case illustrated a very common mode of genesis of the fixed ideas which are often at the root of nervous prostration. As the result of obstetrical complications, the patient's unduly fussy doctor had so imbued her with the idea of her own weakness and the gravity of her case that when he realized that there was something more in the situation than he could grasp it became beyond the powers he possessed to dispossess her of her fixed idea.

So the case illustrates the mechanism of "medical suggestion," that is to say, deleterious suggestions derived from medical men who are less well informed or more careless about the effect which their words may produce in patients susceptible to hypochondriacal suggestions. It is to symptoms produced in this way that the name hysteria should be confined, and such cases are not in reality nervous prostration, at their commencement at least, but are purely psychic. The bodily derangements, when they occur, are secondary to the confinement, lack of exercise and air, deprivation of proper food, exhibition of narcotic and other drugs, including alcohol, and finally to the mental fret which produces retardation of the secretions and movements and gives rise to restlessness in some cases.

A nurse who is not warned about the pathogenesis of such a patient's state is

very apt to fortify the fixed idea at its root. This she will do unconsciously by her scrupulous attention to the physical aspect of the treatment, which should in reality remain subsidiary; it is a procedure to beware of.

It is very important that a nurse should not fail when any special procedure has to be used for the first time, such as a patient's first attempt at standing, for instance. Thus, no categorical affirmation should ever be indulged in unless the nurse is quite sure that she is capable of carrying to accomplishment that which she undertakes.

A nurse should never deceive a patient. It is better to give in temporarily than to succeed by deception, although Miss Wickersham on one occasion did deceive a particularly difficult patient who believed that an open window always produced neuralgia. The nurse's ante-chamber was continuous with the bedchamber of the patient, so the nurse, who required fresh air, used to pull down the upper sash of her window with one hand while at the same time lowering the lower sash with the other hand. The noise of this closing made the patient believe the whole window had been shut. As this belief removed the neuralgia, Miss Wickersham some weeks later explained the procedure, and convinced the patient that her neuralgia had been as imaginary as some of her other symptoms. To protect herself from draughts, this patient wore a cap which had not been removed from her head for months and was in a filthy condition, as was her hair, which had never been combed during this period. Miss Wickersham did not attempt to remove the cap by force, as she could have done, but gradually excited in the patient a disgust for her filthy state. When this

had gained some weight it was proposed to clip a small piece off the cap each day. The patient consented, and at last one day voluntarily threw away the cap, the *disgust-complex** having gained full ascendancy both over her fear of neuralgia and her shame of giving in. What an illustration of gentle yet masterful persistence! How much better than a dictatorialness which would have immediately removed the cap by force, and would have left the patient with the memory of the sad loss of a cherished possession.

But do not mistake this attitude for weakness. Such a nurse will never accede to the patient's pertinacity in attempting to discuss her own case or the doctor, or to draw the nurse into doing so by implication in relating her experiences with other patients. Such a nurse will know when not to accede to a frivolous demand for the cessation of some innocuous activity of the bedchamber. She will be able to distinguish mere querulence and desire to annoy from real nervous erythism and suffering. She will not allow herself to be incommoded by these to the point of extinction. This nurse will, when necessary, dam back her sympathies, however much they flow, when she knows that they would be to the patient's hurt. This nurse will make no attempt to arrest a hysterical convulsion, nor to protect the patient from injury during it, for she knows the patient will not hurt herself, for she can in reality control her movements when the incentive to do so is sufficient.

And the mention of hysteria recalls the formula with which I was requested

*This word is used in psychology to denote an associated group, a growth of ideas and their accompanying emotions, the touching of one element of which arouses in the mind the whole.

to address this body. Your representative wished me to tell nurses how to make "mental suggestions" to their patients. Now, I was not astonished at such a request, for the country seems to be pervaded by the notion that there is an article labelled suggestion, and that this behaves as would a substance placed in a bottle, that it is a thing in itself which can be prescribed and dosed almost like a drug. Indeed, in this commercial age there seems to be a belief that it can be sold and bought like a gramophone or automobile; you turn the handle and behold! you have your suggestion. Now, this simile is no exaggeration, as is shown by letters which I receive from many States of the Union.

I wish most earnestly to disabuse you at least of any such views regarding psychotherapy. Suggestion is merely a manner of imparting ideas; it is generally speaking an undesirable manner, and should certainly never be employed except by the most skilful, and by those who are fully aware of its limitations and who know exactly how far it may be safely used at any individual moment. The botching surgeon is not more prolific of future discomforts to his patients than is the blundering suggester, doctor or nurse, whose crass and untimely optimism at first dragoons and later nauseates the harassed patient. Thus, in reply to your request, I say of suggestion, eschew it! It is the doctor's province, and a small territory at that.

Very differently do I speak of influencing the patient by leading her out into fruitful activities, of the discouragement of her caprices by gently ignoring them. Sometimes a little word may be called for, but it must be a very little one, for it is very dangerous to embark upon reasoning with or persuasion of the patient.

This should be left to the doctor, for a blunder is almost inevitable and may seriously delay progress.

Where a nurse can be of great therapeutic benefit is in inducing sleep by tranquillizing the mind of a distracted patient at the required hour. There are many means of doing this. One of the best is gentle singing of soothing melodies. But all have not the quality of voice without which some patients would be annoyed rather than soothed. Those who cannot sing may learn to read aloud, but for this, too, a pure and melodious voice is necessary. It is, however, much easier to acquire in speech than in song, and it is an essential for the nurse who aspires to the care of a neurologist's patient. To soothe, reading must be not only melodious, but must escape drawing attention to faults of intelligence in the phrasing. It must escape from the vivacious and forced manner which so many elocutionists teach their pupils. It is an art long of acquisition, as it requires an insight only to be gained by much study of literature. Notice that I say *much*; that does not mean the perusal of many books, for it may come from the profound understanding of very few. An old proverb said, "Fear the man of one book," and the Latin grandfathers used to say, "*Disce multum non multa.*"

Now, both the best cultivator of the literary understanding and the best matter for reading to nervous invalids is poetry, because it requires for its appreciation a slowness of delivery which permits the reader full opportunity to bring to bear the beauty of the voice in each mounting and cadence of the verse. The rhythm again is compelling, and the musicalness and beauty of the words, when added to that of the sense and sentiments, reinforce their already powerful

effect. Of the combination of these forces I know of no arrangement more effectively disposed toward the induction of a soporific tranquility than Tennyson's poem, "The Lotus Eaters," where he describes so wonderfully the enchanted island upon which Ulysses and his followers found themselves in the course of their arduous travels by land and sea. Here, indeed, all toil was unthinkable; every feature of the island conspired to slothful ease; they forgot even their wives and their homes, and Tennyson's picture is so vividly drawn that when a quiet, sustained and musical voice presents it to us, we are compelled

to translate our thoughts to where there is

"Music that gentler on the spirit lies
Than tir'd eyelids upon tir'd eyes."

I cannot do better, I think, than to leave you in this tranquil spirit, pleased that I have directed you to where lies a fount infinitely more inspiring than all the didactics I might preach, and happy if in this way I may have furnished an impetus to even a few to orientate themselves toward that puissant tranquility which is the paramount character of the neurological nurse.

1758 K Street.



INCLINES INSTEAD OF STAIRS OR ELEVATORS IN MINNEQUA HOSPITAL, PUEBLO, COLO.

Social Service at Minnequa Hospital

WALTER MORRITT, PH.D.

THE Minnequa Hospital has a capacity of 210 beds, and is located at Pueblo, Colorado. It is a company hospital, erected to care for the sick and injured employes of the Colorado Fuel and Iron Company. The list of men on the payrolls includes 12,000 names and represents over forty nationalities and dialects. These men are at work in the steel mills at Pueblo and in the mining towns of Colorado, Wyoming and New Mexico.

The social service department is organized separately from the hospital department, but the head of the former is also chief surgeon of the latter, and much of the social service is performed by members of the medical staff, in the hospital or in the mining camps. In fact, the two departments are not to be separated; that which the social service department does for the well may be looked upon as prophylactic, keeping the men and their families happy and contented, and thus well.

The social service staff includes a specialist trained in settlement work in Boston and other cities; a number of kindergarten teachers who also have training in hand industries and domestic science; a visiting nurse, and the doctor in each mining camp, whose duty it is not merely to look after the sick and injured, but to care for the sanitary condition of the camp and to assist in all prophylactic work, social and educational.

The social work may be roughly divided into recreational, educational and religious, and is provided for both sick

and well, but in this article special stress is laid on that part of the work which has to do with the sick.

The hospital itself is all that could be desired to give the patient a pleasurable and wholesome environment. The building and equipment have no superiors in the country. The inclines instead of stairs, the large, airy outside rooms instead of large wards; the ideal operating room, and the cleanliness and taste shown throughout the building serve to stimulate the patients with confidence in the future. Add to this the effect of the twenty acres of beautiful lawn and shade trees where convalescents and even bed-ridden patients spend much of their time in this ideal climate, and you have the foundation for an effective social service.

On the hospital grounds is a Recreation Hall for the convalescent patients when they are not outdoors, and in this they are at full liberty to amuse themselves with games, music, whittling or reading (a popular library is provided).

In a larger hall, also on the grounds, but apart from the hospital, entertainments, lectures, concerts, socials and dances are held at regular intervals.

A visiting, or district, nurse has been installed to look after patients in their homes who cannot afford a regular nurse, and it is her duty to give instruction where necessary and to act as a social worker, calling upon other agencies in an endeavor to establish a right environment in the home in which she is working. If financial aid is needed she gets in touch with the proper agen-



BASKETRY MADE BY WOMAN'S CLUB.



MINNEQUA HOSPITAL, PUEBLO, COLO.



OUTDOOR THEATRICALS ON HOSPITAL GROUNDS, MINNEQUA HOSPITAL, PUEBLO, COLO.

cies—if work, or glasses, or books, or night school—she knows where these things are to be had and how to put her family in touch with them.

A regular correspondence with the relatives of patients from a distance is conducted for the patient, keeping the family informed of the patient's condition, and thus relieving worry.

An undenominational chapel service is held each Sunday and special stress is put upon the music in the short service. The inclines in the hospital make it possible for patients in wheel chairs, on crutches, and even on stretchers, to enjoy this service.

When the patient is ready to leave the hospital work can always be found in some department of the company so that worry from that source is removed and he has also been free from all expense during the treatment.

For the men and their families who need treatment away from the hospital provision is also made. At the steel works' gate, in Pueblo, is located a dispensary open day and night, where the four thousand men can get medical and surgical attention and medicine as well, free of charge. From here the visiting nurse will do much of her work, and from here, also, is circulated information regarding lectures, entertainments, socials, dances, night schools and other educational work.

The social service department publishes a little four-page monthly Bulletin on sanitary and sociological matters, and these are distributed from the dispensary free to out Pueblo employes.

Last Summer a Vacation School was conducted for the children of these employes, in charge of one of the social workers.

At the mining camps, where the bal-

ance of the twelve thousand men are employed, the social work is of a somewhat more definite type. A doctor is located at each camp, whose duty it is to care for the sick and injured men and their families, in their homes, and when the men need hospital care he sends them to the hospital at Pueblo.

This direct medical and surgical work is only a part of the doctor's duty, however. The sanitation and cleanliness of the camp are his care. He delivers lectures to children and parents in the schoolhouses on health topics, and to the men on first aid to the injured.

The monthly Bulletin is distributed in the camps through the doctor, and the Travelling Library box is kept in his office. He also acts as the medium of communication between the patient in the hospital and his friends and relatives in the camp.

Arrangements for popular stereopticon lectures, entertainments, socials, dances, etc., are made for the camp through the doctor. In fact, he is the leading social worker for the community.

A series of club houses for the men when they are off duty, or are convalescing, have been erected in a number of the camps, and here games, pool tables, reading rooms, baths and barber shops are found, and the oversight of these falls in a measure to the camp doctor.

Co-operating with him is the kindergarten teacher in the camp, who has also had special training in industrial work and domestic science, and where opportunity offers conducts classes in these branches and encourages the establishment of night schools for the foreign workmen who desire to learn English. Arrangements have been made in most of these camps for Sunday



KINDERGARTEN UNDER SOCIAL DEPARTMENT OF COLORADO
FUEL AND IRON CO.



DOCTOR DELIVERING A LECTURE TO EMPLOYEES ON HEALTH TOPICS.

services and Sunday schools, of an undenominational character, and in one camp Catholics and Protestants worship in the same pretty little church building erected by the company.

In the Summer time an annual outing is conducted by the Social Service Department, and a special train is provided to take the children and mothers on a forty-mile ride thro' the mountains to an ideal picnic ground.

For its method of sanitary housing of its employes, its special care of tubercular patients in its hospital, and the special educational campaign against tuberculosis, the Medical and Social Departments were awarded a gold medal and diploma by the International Congress

on Tuberculosis, held at Washington, D. C., in 1908.

Thus, the Colorado Fuel and Iron Company, thro' its Medical and Social Departments, has combined the care of the sick and the well in true prophylactic fashion. In providing good housing and sanitation, ample recreational and educational advantages, the danger of becoming sick is reduced. In providing ideal hospital and medical care, combined with all forms of recreational and educational features, the period of sickness is shortened and made as pleasant as possible. The absence of expense to the patient and the assurance of work upon dismissal removes worry and hastens the return of health and normal conditions.

West Virginia.

Mrs. Mary A. Morgan, who since the taking over of the Huntington Hospital by the Huntington Hospital Association has been connected with that institution as head nurse and general superintendent, has tendered her resignation.

The resignation of Mrs. Morgan has been greatly regretted by the physicians of the city who have had patients in that institution from time to time, and who understand Mrs. Morgan's worth as an administrator of the affairs of such an establishment.

Since the resignation of Mrs. Morgan was presented to the Board of Directors, a number of the leading physicians have written to express to her their appreciation of the excellence of her work, and their deep regret that she had thought best to leave the institution.

The Kessler Hospital, one of the largest and most modern institutions of the kind in West Virginia, which passed into the hands of Dr. R. E. Vickers, of this city; Dr. H. D. Hatfield, of Eckman; S. B. Robertson, of Logan; Charles H. Bronson and J. L. Broh, of the Greater Huntington Realty Company, negotiated the transaction. The consideration is said to be about \$55,000.

Mrs. Mary Morgan, recently superintendent of the Huntington Hospital, will be made superintendent over a large and efficient corps of nurses.

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Alabama.

On Wednesday, April 13, the regular monthly meeting of the Birmingham (Ala.) Graduate Nurses' Association was held at the home of the president, Miss Jane West Barry, who presided most graciously. Important business was transacted and the association reported to be in a flourishing condition. Miss Forsman, who is in charge of the district nursing work organized by this association, gave a very interesting and gratifying report of her work. Following the business session, Miss Allan read a humorous sketch, after which Miss Barry served dainty refreshments, and a delightful social hour was enjoyed.

This association now numbers nearly eighty members and is very cosmopolitan, having on its rolls graduates not only from all over the United States and Canada, but from England and Germany and other countries as well. A spirit of harmony and kindly goodfellowship prevails, making the monthly meetings particularly pleasant events.

Fighting the Typhoid Epidemic

EMILY MACDONNELL.

Late Superintendent, Albany Hospital, N. Y.

IN writing of the Montreal Typhoid Emergency Hospital one feels as if pen and thoughts must fly in order to be in keeping with the rapidity with which it sprang into life. On a Friday afternoon a small drawing-room meeting was held at the house of Professor Starkey, of McGill University; on the following Tuesday afternoon a well equipped hospital was receiving patients, and on Wednesday a fund of \$60,000 was available with which to maintain it.

This drawing-room meeting was attended by many citizens of influence, representing different nationalities and creeds. The Victorian Order of District Nurses offered its help; so, also, did the Roman Catholic Nursing Sisters, and Miss Emily MacDonnell volunteered her services as superintendent of nurses. The different medical schools all promised co-operation. These events took place in January, but the previous autumn had seen more than the usual amount of fever. Some attributed it to "Halley's Comet" (they were probably the City Fathers), others had theories quite as far from the mark. By early winter the number of typhoid cases was steadily on the increase, and Christmas found an epidemic.

The disease was of a very severe form, confined almost exclusively to the working classes, and for that reason the suffering was the greater. Many of the patients were living in rooms, seeing to their own meals and badly needing hospital care and shelter.

The city hospitals were not only full,

but were daily refusing cases. The municipal authorities, though again and again approached, like deaf adders stopped their ears and refused to believe that conditions were as bad as they were reported to be, yet their negligence in connection with the water supply was one of the chief causes of all the trouble. They were well cared for themselves, and in very good health, and their bowels of compassion were too comfortable to trouble themselves about the Peyer's patches of their brothers in need.

From a worldly point of view this was a grave mistake, for shortly after the hospital opened a municipal election occurred which resulted in a general clean sweep of the old regime, and a new order of things and people being established in the City Hall, the non-re-election of the old, being due not a little to the object lesson the hospital was giving to the public.

At the inception meeting of the Typhoid Hospital Committee several buildings were put at their disposal without charge. It was finally decided to accept the offer of an empty factory belonging to the Bell Telephone Company. It took but a few hours to find a staff of two hundred workmen, and this number was kept up night and day until the hospital opened. Never was work more willingly done both by laity and professionals. Nothing was to be lasting, there was no dignity to be considered, no precedents to be established, no "feelings" to be wounded. The President of the Board or one of its members might have been

found handling a broom or nailing down a carpet in a manner that would have been a credit to any cleaning woman. Manicured hands that had never been used for that purpose before unpacked and washed dishes. The very spirits of Kindness and Generosity were in the air, and, indeed, for that matter, they have never left the building.

The factory had many windows, and these were low. On account of the danger of fire, none of them could be screwed down. Now there may be diversity of opinion as to treatment by cold-tubbing, but there can be no two opinions about a head-first plunge out of a window into a snowdrift, particularly with the thermometer somewhere about zero. We must all agree that that would not be conducive to recovery. On this account, and also that many of the patients were brought in in a delirious condition, every precaution was taken. Besides an unusually large staff of nurses, watchers were also provided for the wards. For the first two weeks and until the idiosyncrasies of the patients were understood, women were sent for from the Salvation Army barracks and placed beside all doubtful patients. These poor outcasts watched well and faithfully, the very nature of the work seeming to bring out any latent good that had survived from better days. They seemed as if they, too, shared in the responsibility of the hospital; but, alas! pay day produced that unquenchable thirst which made them unavailable for further work. They went out, and the hospital saw their faces no more.

In organizing a work of this kind the great point to keep in mind is that it is an emergency hospital. It does not in any sense follow that the proper management for a general hospital would be

the proper management for an emergency one. The word model when applied to such a hospital assumes quite a different meaning.

Of course, a good stock of knowledge and experience must be brought to the work; yet, on the other hand, conditions have to be faced that probably have never been met before: Quick thinking and quick acting must go hand in hand. Big and little things must receive their proper value. To speedily and immediately relieve the existing condition of affairs constitutes its model. Get the patients admitted, get them cared for, and other things can be gradually added. Order and system cannot be done without, but there must be as little red tape as possible. The conditions are abnormal and must be met abnormally. Promptness and quickness must be ever before you, and the realization of what the hospital has come to do.

Laity help is of the utmost importance, and almost indispensable. We have had plenty of it, and it has not only added to the comfort of the patients, but its presence in the building has given confidence to the public, for, remember, an emergency hospital has no back reputation to call on and no time to make a present one. During the three months of our existence never have our many laity helpers done one injudicious thing or in any way interfered with the working of the hospital; on the contrary, they have proved a strong factor in its success. With the exception of one orderly, whose case proved very mild, no one has contracted the disease. In fact the health of the nurses has been exceptionally good. This may be due to several reasons—good cooking, good ventilation, and also to the fact that a "Transportation Company" sent up a large double



MEN'S WARD, MONTREAL TYPHOID EMERGENCY HOSPITAL, 1910.



DIET KITCHEN, MONTREAL TYPHOID EMERGENCY HOSPITAL, 1910.

sleigh in the morning for the night nurses, in the afternoon for day nurses off duty, so a sleigh drive in the bright, clear air was almost the daily lot of each. Could any Transportation Company do a kinder, more thoughtful act?

The Hospital having finished its work we, like the Arabs, fold our tents and move away. To quote the Montreal papers, "we pass into history." Our patients have done well. Though the disease was of a very severe type, our death rate has been about 4 per cent. We have had no accidents, no contretemps, and we have all learnt something. Had we opened six weeks sooner how much more could we have accomplished? Over-caution may be as harmful as recklessness. Make sure a thing is rightfully needed, then strike out and do it at once. Finances and friends will surely appear. Over-thought of the morrow is not always a healthful mental condition.

Much thought has been expended on

the proper disposition of the remaining hospital supplies, all being valuable and in good condition. It is now decided to pack and store them, holding them in readiness should such another occasion arise.

A flight of imagination may in the future see an urgent call sent to Montreal, immediately answered by an aviator containing a fully equipped hospital and accompanied by a dirigible balloon containing a cargo of experienced nurses, also a board of governors and a committee of trained laity workers, for we now have all this in readiness. Perhaps the call may come from the neighboring Republic and be answered so promptly that our sixty-eight hours' hospital of 1910 will be relegated to slow methods and ancient history.

The most important event of the moment is the arrival of a healthy little Dutch baby, the mother having been a typhoid patient of many weeks' standing.

Georgia.

The State Association of Graduate Nurses of Georgia held its annual convention at Atlanta, Ga., May 6 and 7.



Personal.

Miss Susanna Sinclair, a graduate of the Huntsville Training School, and also a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., has been engaged as special attendant at the Kings Park State Hospital, Kings Park, Long Island, N. Y.

Miss Laura F. Berchenbuter has resigned from the Indian Service, and is doing private nursing at Wausau, Wis.

Mrs. E. Gratzner has been appointed matron of the Hebrew Orphan Asylum Summer Home at White Plains, N. Y.

Miss Ada Fraehla, of Lancaster, Pa., late of the Episcopal Hospital, Philadelphia, has been elected superintendent of nurses at Hoffman Hospital, Keyser, W. Va.

Miss Sarah Lee, who for some time past has been head nurse at the State Hospital, Fergus Falls, Minn., has resigned her position.

Miss Dora Battson will succeed Miss Margaret Jardine as principal of the training school for nurses of the University of Missouri, at Columbia.

Instructing the Laity

MINNIE GOODNOW

Superintendent Bronson Hospital, Kalamazoo, Mich.

WITHIN the last few months a remarkable movement has begun in Kalamazoo, Mich., a movement which is important chiefly because of its significance in the trend of events.

The fact in its simplicity is that the people of the entire city are interested in and desirous for medical knowledge. They wish to know how to care for their own health and that of their families. They wish to know how to avoid disease or how to shorten it and prevent fatalities. It is not idle curiosity nor a passing whim, but the recognition of a real need. It has come like a sort of spontaneous combustion, starting in several places at once, and it is remarkable in that the initiative has come not from the medical or nursing profession, but from the people themselves.

No one knows the immediate cause of the movement. Its real origin is doubtless in the years of effort on the part of medical people. The culmination came as follows, each set of people starting almost simultaneously:

Several young women had applied at the hospital asking that they be permitted to come to some of the nurses' lectures. This request was granted, with the caution that they might get very little out of them. Whereupon some of the applicants conceived the idea of a course of lectures planned specially for those who wished such work, to be given at the hospital and under its auspices. A class of fifteen women was formed, most of them mothers or teachers, and nearly all of them

college-bred. A course of forty lectures was outlined, twenty to be given this spring and twenty in the fall. The doctors of the city most willingly gave their services, each man being selected for his special hobby. Bronson Hospital furnished a place for the meetings. Members of the class pay \$10 for the course and the money goes to the nurses' training school.

The subjects given are about as follows: Bacteriology, anatomy, physiology, embryology, venereal diseases and social hygiene, hygiene of pregnancy, surgery, first aid to the injured, dietetics, care and feeding of children, public and home sanitation, nervous and mental troubles, practical nursing (this last given by a graduate nurse).

It will be seen that the course covers much the same ground as the nurses' work, but it is designed for women of advanced education, and is planned from the standpoint of the laity. The lectures are thoroughly scientific and more or less technical. The class is expected to take notes, and no one unwilling to work is permitted. (The fee was designed chiefly to exclude those not in earnest.)

The lecturers encouraged the class to ask questions, and by this means many instructive and interesting points are brought out. The course is being carried on with great earnestness and much enthusiasm, and there seems no doubt that its results will be far-reaching.

Following this example, one of the women physicians has organized a class, mostly of the better grade of so-called

"society women," wives of college professors, etc. This is a pay class and is giving work similar to the above, but less extensive.

In May of last year the American Medical Association delegated to its women members the task of attempting to disseminate health knowledge among the people at large, and a chairman was appointed for each State. Dr. Huson, of Detroit, was in charge of Michigan, and under her direction the women physicians of Kalamazoo organized for this purpose. Their work has been eagerly accepted and they are giving lectures on medical topics at clubs, lodges, church societies, W. C. T. U., Y. W. C. A., etc. These lectures are necessarily somewhat simpler in character than the pay courses, but are thoroughly scientific. Nearly every lecture has been repeated before some new audience and more are being constantly asked for. The following are among the topics given:

Functional disturbances of digestion; the cause.

The mouth and its relation to contagious infections.

Pure foods; Dr. Wiley's investigations. Mental hygiene.

Personal hygiene. Social hygiene. Sins of our fathers.

The public drinking cup.

Care and training of nervous children.

Protection of the family. What every girl should know.

Medical temperance.

Results of inflammatory troubles and continued irritation in any part of the body.

The State Normal School and the Kalamazoo College are a part of the same movement, and lectures on health topics are being given by both men and women physicians. Even such topics as social hygiene have been discussed. All the talks have been well received and enthusiastically spoken of.

The spectacle of a city rousing to its need of such knowledge is both novel and meaningful. One woman who has been a teacher in Columbia University said: "I have just begun to realize how much one may have learned on many topics, and yet how little one may know of the vital facts of life and how to live."

The movement is extending from Kalamazoo into the surrounding towns. Physicians are being asked for talks before selected audiences, chiefly women's clubs. Some talks on home nursing with demonstrations are being included. We are finding that our women are, after all, not as much interested in the history of art or the literature of the ancients as they are in knowing how to keep their families in health and safety.

The influence does not stop here. It leads the mothers of the community to inquire into school conditions, into the milk supply, into the question of pure or impure ice, and into the condition of public morals.

Personal.

Miss Era L. Pease, graduate 1904, Bridgeport, Conn., is superintendent of nurses of the Rock Valley Hospital, Rock Valley, Iowa.

Miss Martha Morkin, of Edmonton, Alta., Canada, leaves for Europe in May, where she will take a post-graduate course in medicine.

The Diphtheria Patient

HARRIET C. LAKE

NURSING in diphtheria has lost much of its terror since the introduction of the antitoxin treatment. The preparation of the patient for this treatment does not greatly differ from the preparation for giving an ordinary hypodermic injection. The site is first cleansed with soap and water, then with alcohol or some other antiseptic, before the injection is given.

The care of the throat and mouth, however, demands more than the ordinary attention. Leading from the throat or pharynx are seven passages communicating with different portions of the body. Two lead to the nasal cavities; two are the Eustachian tubes, which lead to the middle portions of the ears; one leads to the trachea and thence to the bronchial tubes and lungs; one to the oesophagus and thence to the stomach, and one leads through the mouth to the outer world. It will thus be readily seen that in keeping the throat as clean as possible, we are guarding the natural gateway to the body, and helping in no small degree to lessen the danger. One of the best antiseptics which I have used is peroxide of hydrogen. Special care should be used to get the pure drug for this purpose. I have known of druggists who sold the commercial peroxide which is used for bleaching cotton, silks, etc., and which is a cheap, adulterated product, totally unfit for use in such conditions as these. In the case of a child, gargling cannot be depended on and the antiseptic must be applied as a spray or swab.

Arrange the patient so as to get a

good light on the throat if possible. Depress the tongue with a spoon handle after arranging the pillows so that the patient can easily spit out the wash. Pin a towel, or, if obtainable, a piece of rubber sheeting, around the neck. Arrange the pus basin conveniently to catch the flow. In private homes I nearly always use a soap dish for this purpose. While the whole cavity needs to be disinfected frequently, the spray should be directed against the membrane, but forcible removal of the membrane should not be attempted.

Very often local applications must be made with a swab which can be conveniently made, using a piece of stick and some cotton twisted around the end. If the patient is older, and able to gargle, he should be instructed as to the best means of gargling. A throat specialist recommends the following as the best method: The nose must be tightly closed, the mouth filled with the fluid and the head thrown back. Then gargle. By this means the fluid will reach well around the walls of the cavity. The mouth and teeth should be carefully cleaned several times a day. Any good mouth wash can be used. The lips should be smeared with glycerine, zinc ointment or some soothing application. These precautions not only help to keep the patient more comfortable, but they also lessen the danger of serious complications.

In even the mildest cases great care should be used to conserve the patient's strength as far as possible, for the poison of diphtheria acts disastrously on

the heart. No disease is more treacherous than this, and deaths from collapse of the heart are numerous. A well trained nurse hardly needs the caution to keep the patient absolutely lying down till the doctor pronounces the danger period past, but this point needs to be emphasized in instructing the family or whoever relieves the nurse. If signs of heart failure are observed the usual methods of combating it with heat, stimulants and elevation of the foot of the bed are used. As milk, egg-nogs and broths are all excellent material for the propagation of disease germs, it is a wise precaution to wash the mouth with some antiseptic after each feeding.

Paralysis in some form occurs in about 15 per cent. of all cases. Paralysis of the muscles involved in swallowing is the most frequent form. Signs of this are regurgitation of fluid through the nose, interference with speaking and difficulty in swallowing. Inflammation of the middle ear is a common complication, and also broncho-pneumonia. Nephritis occurs, but not often.

The feeding is important, and great care should be used to present food in such an attractive form that the patient will desire it. In many cases where there is difficulty in swallowing, semi-solids, such as junket, custard, calfs-foot jelly, gelatin, gruel, etc., will be more readily taken than fluids.

In many cases of diphtheria the germs linger in the throat a long time and frequent bacteriological tests are necessary. As long as diphtheria germs are in the throat the patient is a source of danger.

It is said that in all fatal cases of diphtheria which have been examined after death there have been found inflammatory changes in the kidneys. The urine ought to be measured and examined frequently for albumin. In leaving a diphtheria patient before the convalescence is complete the treacherous nature of the disease should be emphasized that those in charge may be well on their guard to prevent complications. No disease needs more careful hand disinfection or more vigilance in preventing its spread.

Personal

Miss Agnes E. Bushfield has been appointed lady superintendent, Western Hospital, Toronto, Canada.

The executive board of the Jefferson County Club, Louisville, Ky., has appointed Miss J. O'Connor, one of our oldest and best known nurses, as registrar of the Nurses' Central Directory. The position had been left vacant by the death of Miss Katherine O'Connor.

Blanche L. Bates, San Francisco, Cal., a graduate of St. Thomas's Hospital, and super-

intendent of nurses at St. Thomas's Hospital, and also a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, has been placed in charge of the hydrotherapy department at the Adler Sanatorium, San Francisco, Cal.

Miss Mary W. Florian, Thomaston, Conn., a graduate of Waterbury Hospital, Waterbury, Conn., and also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa., has been engaged by the Glen Springs Sanatorium, Watkins Glen, N. Y.

Nursing the Male Patient

STELLA M. FULLER

EVERY man, on meeting a woman, immediately forms an opinion of her. He decides whether she is the "right sort." It does not matter where he meets her. In society, in the railroad trains, in his office or in his own sick room, he judges her and treats her according to his decision.

Therefore it behooves the nurse to be very particular in her demeanor while nursing a male patient. Many times she is compelled to do things for him which are embarrassing to both.

A quiet, dignified manner, while performing these services, is essential if she would retain his respect.

Any nurse should know better than to joke or laugh at such a time, but reports from the laity prove that some nurses do not.

Unfortunately, there is much gossip in regard to nurses. People are fond of relating stories of what some nurse did for a brother, or a husband, forgetting perhaps that she also saved his life.

In private practice, especially in the country, it is not likely that a doctor would make a call to perform a task that the nurse should do, but in a hospital it is different. Every hospital should have an interne or house doctor. No nurse should be expected to prepare a man for certain operations.

I know there are doctors and nurses who will claim this is "false modesty," and that the nurse who has a clean mind can do *anything*, but a nurse is still a woman, and no true, gentle woman can do these things for a man without being embarrassed. The man doesn't like it,

either. I have known of a patient's sending a nurse out of his room and demanding that his doctor be sent to do the work.

In giving baths the nurse should be very careful about exposing the patient. Unless he is very ill he will be able to finish the bath himself.

Many times the wife will be glad to help in the nursing of her husband. It is not necessary to entirely banish a wife from her husband's room simply because he has a nurse.

One nurse refused to bathe her patient while the wife remained in the room. The same nurse was in the habit of chewing gum, swinging her feet, and sometimes sat on the bed. True, this is an exception, but the many are often judged by the few.

If the nurse must sleep in the patient's room, she will, of course, go to another room to prepare for the night, and the next morning also, to dress for the day. This will perhaps seem an unnecessary statement to readers who have not known nurses who combed and arranged their hair in the patient's room.

If there is no screen to place between her bed and that of the patient she can easily arrange one.

A nurse caring for a woman will have no trouble in finding subjects for conversation. They both enjoy talking about fashions, cookery, books and babies, but with a male patient it is not so easy. He is always more impatient at being confined to his bed, dislikes invalid food, worries over his business and wants to smoke. His stay indoors will

be more bearable if his nurse is more than a nurse. For the time she is his companion, and should try to see things as he sees them. Ordinarily a nurse knows very little about current events—baseball, Presidents' messages, or the tariff—but it's sure to be a pleasure to her patient if she knows just a little about these things; not enough to be called strong-minded or learned. She cannot read the papers intelligently to him unless she does.

Unless a nurse is able to read aloud well she had better not read at all. If she does not grasp the writer's idea she cannot convey it to her hearer.

Some of the tedious hours of a convalescence may be passed in playing cards or checkers. If the patient does not know how to play he will probably not object to learning.

It is a mistake to think that hospital stories or nursing experiences are entertaining to any one. They are usually exaggerated anyway. When the doctor permits it there are plenty of visitors. This gives the nurse a chance to slip out for a little change or for fresh air. As before stated, the wife should be encouraged to spend some time with her husband. It is not unusual for a wife to become jealous of the nurse.

Sometimes there is no reason for it, but it may be the result of the nurse's action in taking such complete charge of the patient that the wife is ignored. One of the objections to having a nurse in the house is the fact that she upsets the domestic routine. Every case of sickness does this to a certain extent, but the nurse should be careful to make as little change as possible.

In cases of quarantine it will be a convenience to the patient if his nurse is able to shave him. A man accustomed to being shaved daily misses it as much as he would his bath. Whiskers on his chin make him cross and disturb his vanity.

It is well, sometimes, to ask a male patient what he would like to eat, and how he prefers his eggs, or steak, if he is allowed such food. Most men are used to ordering at hotels just what they want and how they want it.

While nursing a man the nurse had better try to look her best at all times. It will please him to look at a neat, trim nurse, with hair becomingly arranged. There is no need for a nurse wearing her hair straight or plain, if she is doing private work. It is her duty to look as well as she can. It is the duty of any woman in any walk of life.

Tennessee.

The Memphis and Shelby County Graduate Nurses' Association met in the club room of the Nineteenth Century Club for the annual election of officers, March 2, 1910. Miss Sarah F. Woodward was re-elected president; Miss Anna E. Benton, first vice-president; Miss Corinne Berford, second vice-president; Miss Mary Dean, secretary and treasurer.

Our name has been changed from the Mem-

phis Graduate Nurses' Association to the Memphis and Shelby County Graduate Nurses' Association. Our club has taken in several new members during the last year. Four years ago we were admitted into the Tennessee State Federation of Women's Clubs. Since then we have contributed annually to the East Tennessee Settlement work, and in addition to this contributed \$100 to the Baptist Memorial Hospital, of Memphis.

A Summer Vacation in Bermuda

GRACE MARION PRUE.

THE vacation season is nearly at hand, and if any tired nurse wishes rest for her body and peace for her soul let her take a trip to the Bermudas for her much needed holiday.

People are just beginning to realize it is a pleasant summer trip, with a thermometer seldom above 85 degrees at noon, and a cool breeze and pleasant nights.

The two days' sail from New York is both restful and pleasing; one comes in sight of land early the second morning, and you are at once struck with the dark green of the islands and the snow white houses. The islands are about one hundred in number and lie so close together, and the connection by bridges and ferries so perfect that it really seems like one continuous island, twenty-five miles long. Its greatest width is three miles, and the total survey about 12,500 acres. They are of coral formation, and historians are quite agreed that they were unknown prior to 1515, and were caused by volcanic upheavals and are the peaks of a prehistoric continent. Oriedo, the historian of the Indies, was the first to sight them, in 1543, while on a vessel commanded by Juan Bermudez, a Portuguese, who was given a grant of them by King Phillip of Spain, and is supposed to have been the first person to land, hence the name.

For several years various colonies came and went, until it came into English control. During our Revolutionary war Bermuda made history that is of much interest to Americans, as it was the powder obtained from there that led to

the great evacuation of Boston by the British.

The Bermudians having been through a great deal of trouble themselves, were heartily in sympathy with the cause of independence. We in turn granted the right to export provisions to Bermuda in return for the act of kindness.

The flora of the islands is most wonderful, even when I saw it in July and August. Oleanders grow in trees and make perfect hedges; lantanas, three to four feet high, growing wild like our golden rod; crape myrtle as large as lilacs; several varieties of hibiscus; hedges of acolefa, and the scarlet of the poinsettia, amaryllis, royal poinciana, while countless varieties of crotons and begonias attain a size and beauty we can never hope to attain. The russelia with its dainty crimson flowers and leaves covers the walls and houses, together with passion flowers and roses the year around.

It was too late to see the lilies and freezias and violets, and there were many shrubs and plants I did not know. Rubber trees grow like our maples, and I saw many with beautiful blossoms of waxy pink. Many varieties of cacti and palms add dignity to the plant life. Bamboo flourishes and cedar is rank and furnishes what wood they use. Century plants, with their brilliant blue flowers, in stalks ten to twenty feet high, are a striking bit of color. The grass is like a heavy green mat; break off a few blades, put it in the earth, and in a few days it is growing. When we came into our Cuban possessions the flora of the

islands was beautiful, but there was no grass. Now it is covered, with the Bermudian grass transplanted in this manner.

The houses are all built of white limestone, which is quarried there in great abundance. The water comes from rain sheds and the roofs, which are white-washed twice a year. Roads also are made of the limestone, crushed, and the whiteness of everything is very hard on the eyes. There is no dust, for it rains a little every day—a fine, soft mist with the sun shining.

The people seem to have the Southern hospitality with the English aristocracy intermingled, and are a most charming people. There is little sickness. The City Hospital, a neat little cottage, is surrounded by pleasant grounds, and is well equipped with modern hospital furnishings. The Bermuda Nursing Home, a training school for colored nurses, is doing a splendid work in district nursing, as well as having a small hospital.

The islands abound in stalactite caves, and are both beautiful and curious. The stalactites grow down and the stalagmites up about an inch a year. The marine gardens and coral reefs are beautiful. Going out in a launch you change into boats with a glass bottom when near them, and can look down fifty to seventy-five feet into clear water and see the beautiful foundations of coral, sponges, sea weeds, shells and fish. A gentleman in the party who has seen both the Mammoth Cave and others said while they were much grander, they lacked the delicacy and beautiful colorings of the "Bermuda Wonders."

On the launch which took us out was an old "Blind Tom" with his accordion. He played and we all sang "America," and at the end of the first verse he

stopped. "Ladies and gentlemen, we Englishmen always stand up to sing *our* national hymn!" A rebuke to which I think we might all take heed!

A part of the old fort is given to an aquarium, and here are bred the fish for the New York aquarium—the most curious, beautiful and ugly creatures imaginable! The "Devil's Hole," a small, deep pool, contains over 200 species of fish, which are quite tame and come up to be fed.

There are many beautiful drives to points of interest—old churches and cemeteries, dry docks, royal barracks, light-houses, "Temple Arches," "Lion rock," curious formations of the corals, and gardens everywhere. The florists always keep open house and fill your arms and carriage full of the choicest blooms in the most lavish manner.

Such a calm and peace pervades. There are no trains, electric or automobiles. You drive in state in victorias through an ever changing garden of bloom, and it is with real regret you turn your face toward the steamer. "Steamer day" is gala day. The whole town is on the dock waving farewells and throwing you flowers. The tediousness of departure is enlivened by little negro boys diving for pennies thrown over by the passengers. If they strike the water before they are caught in their open mouths or ever open palms, you will soon see only a pair of heels, but in a second the scene is reversed and he displays the coin with an expansive smile and throws it to his "banker" on shore.

With the usual habit of countrymen getting acquainted in a foreign land, you have made many friends, and the home trip is a very lively one exchanging experiences.

Editorially Speaking

The War in Philadelphia

DR. HENRY BEATES, JR., president of the Pennsylvania State Board of Medical Examiners, has declared war upon what he terms the evils of registration, and the registered nurse. In a letter published April 25, in the *Philadelphia Public Ledger*, Dr. Beates makes very sweeping charges, which, summed up, are to the effect that many registered nurses are overtrained, that they over-charge, that they refuse to recognize the authority of the physician, that they work against physicians rather than in harmony with them, and in many cases they usurp the rights and privileges of physicians, and that registration of nurses and registration laws have so increased the evils that physicians find themselves in a most difficult position regarding the employment of registered nurses. Unfortunately, Dr. Beates's letter took the form of a bitter denunciation, and his charges are made with so much virulence that right or wrong they will hardly be given the consideration that a more calm and conservative presentation of the matter would have received. In contradistinction to Dr. Beates's attack we would call attention to the manner in which these same subjects were discussed before the New York Academy of Medicine. Two of the papers which were presented on that occasion have been published recently in *The Trained Nurse*; and are fresh in the minds of our readers.

The publication of Dr. Beates's letter immediately opened a controversy, and probably no nursing subject has ever be-

fore received so much newspaper publicity in so short a space of time. Supporting Dr. Beates, and testifying to like experiences were letters from Dr. J. Cheston Morris, Dr. J. Solis-Cohen, Dr. J. Madison Taylor and others, while letters refuting Dr. Beates's charges were written by the members of the Nurse Board of Examiners, namely, Dr. Albert E. Blackburn, Dr. Alice Seabrook, Dr. William S. Higbee and Miss Ida F. Giles. These writers made absolute denial of all Dr. Beates's charges, and wrote in unqualified praise of registration, the registration law and the registered nurse. Others writing in defense of the nurses are Dr. F. L. Bradford, of the Hahnemann Medical College; Dr. James C. Wilson, of the Directory of Nurses; Dr. Alfred Stengel and others.

Our sympathy is with the nurses who have been so unceremoniously thrust into the limelight, and against whom such serious charges have been made. To our mind they are much like the citizen who, while not responsible for the riot, is loitering in the way when the bomb explodes, and so must take the consequences. Allowing for the sake of argument that conditions such as Dr. Beates describes do exist in the nursing world, then the physicians who have persistently shut their eyes and ears to what was going on around them, and who would not heed "the writing on the wall," are in a large manner responsible for these conditions and should not be the ones to administer a *public* chastisement.

While we extend our sympathy and

support to the nurses, while we express our faith in the integrity of the rank and file, we cannot forego this opportunity of saying "I told you so."

The cause of Dr. Beates's attack is attributed to his interest in the Philadelphia School of Nursing, against whose graduates the Pennsylvania law discriminates. We have only hearsay knowledge of this and would not presume to attribute motives to Dr. Beates. But allowing for sake of argument that this charge is true, it is still only a culminating factor, and is not the foundation or real source of a discontent which has been growing and gathering force in the medical profession. The present agitation in Pennsylvania is only one outbreak, a part of the movement which is extending all over the country, and the cause of which, as stated by Dr. Satterthwaite before the New York Academy of Medicine, is not chargeable to the ordinary nurse, but "to a comparatively small number of women possessed of inordinate ambition." Or, as we stated editorially in our April number, it is a protest against the dictatorship of the nurse bosses.

We have pointed out from month to month and year to year the danger to the graduate nurse in the blind following of these self-appointed leaders—leaders who had nothing to lose and much to gain, and who were willing to sacrifice the nurse in the ranks for their personal ambitions. Any nurse or body of nurses who followed thus blindly was bound to suffer sooner or later. All did not follow willingly; some were driven. Pennsylvania nurses finally fell into line at the crack of the whip, just as others had done, and so cannot hope to escape the reckoning. In support of our statement, we would call to the minds of some

of the older members of the Graduate Nurses' Association one of the early meetings of the association, at which one of these dictators was a self-invited guest. She wished to have the association carry out certain plans and policies which were distasteful to a number of the members. In spite of the fact that this woman was not a member of the association, nor a Pennsylvania nurse, and had no legitimate right to interfere in the matters of this association, she first urged, and this failing, she bullied and threatened, till she carried her point. There were some nurses present who made a stand for independence of thought and action, but these were overruled by the affrighted majority. In a letter received almost a year after the meeting from a nurse who had asserted her independence on this occasion, we find the following sentence: "*You do not know, dear Mrs. ———, how those women have hounded me ever since.*" And do not forget, dear reader, that the women who had been "hounding" a sister nurse for a year were those who were presumably engaged in "elevating the profession."

Pages could be written of just such incidents, and is it then to be wondered at that with such conditions growing worse and worse, revolt was bound to come? Whenever there is revolt the innocent are apt to suffer, for the axe often gets into the hands of the unwise and injudicious, who swing it regardless of where it falls.

In his letter Dr. Beates says: "The hard-visaged, iron-jawed, selfish leaders of the nurseopathic crowd we may not hope to head off, but those few of the rank and file of the working nurses who are being led astray may yet be put right." We fear Dr. Beates is not go-

ing about it the proper way if he sincerely wishes to put anything right, for his sweeping denunciation is more likely to widen the breach between nurses and physicians than to help matters. Moreover, we do not see the justice of allowing the women he designates as "selfish leaders," etc., to go free, turning the guns on the rank and file of graduate nurses. Why not strike at the root of the evil? These selfish leaders, or as Dr. J. Madison Taylor calls them, the "trouble makers," are very few in number, absurdly few in proportion to the mischief they have wrought. Why should they not take the punishment?

The average nurse does not know that this agitation in Philadelphia is only a part of a movement that is taking place in many parts of the country. She sees in it only an unwarranted and unjustified attack upon herself and her profession, and is naturally outraged and indignant. She does not know that it is a revolt against bossism; a bossism that has been unprecedented in the annals of any art, handicraft or profession; a bossism that has endeavored to trample, crush or boycott anything that would not bow to its dictates; a bossism that has traduced, maligned and treated with utter lack of decency and courtesy anything or any one it could not control. This is the real underlying cause of most of the dissatisfaction, and most of the grievances, real or fancied, with or against graduate nurses, in spite of any prominent local factors, such as the agitation in Philadelphia, which may crop up from time to time. The nurse dictator has, riding rough-shod, led the way, the organization nurse has followed blindly or been driven submissively, and the rank and file of graduate nurses, the innocent with the guilty, are

reckoning with the consequences. These are the facts which it is well to look straight in the face.

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What Makes a Profession?

WHAT makes a profession? Evidently the passing of a law, according to the assertions of some nurses. "*We have*," writes a nurse in an alumnae journal, and the statement is quoted and apparently fully indorsed by the editor of a contemporary journal—"We have attained to the dignity of a profession, through the acknowledgment of that fact by twenty-three different States, with the District of Columbia."

Another nurse wrote as follows in this magazine a year or more ago, speaking of the first registration law for nurses passed in 1903. She says: "*I believe that it is just this law, both legally and ethically, which makes nursing a profession, and from this period we emerge on our truly professional career.*" Nurses in general are hardly to be blamed for holding these opinions. The whole registration question has been so shrouded in sentimentality, such statements in substance have been made and reiterated so often by those who have framed or been responsible for many of the laws, that it is not surprising that the rank and file have believed it. Assert a thing often enough, and though it lack the barest foundation of fact or common sense, some will believe it. If no one is interested enough to show up its fallacy the idea will grow. The discussion of the whole subject of registration has been for years so completely one-sided and so befogged in sentiment that even some of the ablest physicians and superintendents of hospitals have hesitated to express an opinion, because they have said: "We don't feel we understand the question of

nursing registration enough to justify an expression of opinion."

What makes a profession? If the answer is "a registration law," then we have a much larger list of professions than many people think. Barbers have for years been registered, and we have State Boards of Examiners of Barbers in many, perhaps in all, States. Horseshoers are registered. We have State Boards of Examiners of Horseshoers, Plumbers are registered and hedged about by stringent laws with heavy penalties for violation. Why add to this list? If the passing of a law is all that is necessary to secure professional standing, then we have the profession of horseshoeing, of barbering, of plumbing, and of various other unrecognized "professional" callings. Every one of these registration laws and boards mentioned seems necessary. We haven't a word to say against them. But are barbers, horseshoers, plumbers, etc., lifted into the "professional" ranks by such laws? A year or so ago we were told of an application which had been made in a certain State for a "State Board of Examiners of Donkeys." The law was passed and the donkeys got a separate board, and without much opposition. Evidently, then, it takes something more than a State law and a State Board to make a profession, or to secure recognition as such.

There are plenty of good arguments for sane, just, legislation for nurses without resorting to these flimsy sentimentalities to create enthusiasm for a cause which, if presented properly, freed entirely from the spirit of selfishness or

monopoly or the desire to secure personal control, will appeal to the good sense of the ordinarily thoughtful man or woman.

What makes a profession? Let us have your opinion about it.

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Our Appreciation

WE feel that we must again express our appreciation to those of our esteemed contemporaries who are so zealously circulating a testimonial to our merits, namely, that the vast majority of the nursing profession are doing private nursing; and that it is the private duty nurse who enjoys practical articles and who prefers *THE TRAINED NURSE*. In our May number we noted how this comment, which had started in the Middle West, had spread to the East, and now again we find it taken up on the Pacific Coast, East, West and Middle West all uniting in this song of praise.

A good friend, in a personal letter, asks whether these published statements are really intended for praise, and says to her mind these journals are trying to "hit" *THE TRAINED NURSE* and the vast majority of private duty nurses. We are really shocked and grieved that any one could attribute such motives to publications of such unquestioned standing. We prefer to think that nothing but unqualified praise was intended—praise perhaps a little belated, because we cannot remember that we have ever been mentioned before editorially in these journals—but still praise. But be this as it may, no matter how we look at it, the benefit to our magazine is unquestioned, and we are accordingly grateful.

The Hospital Review

Methodist Episcopal Hospital.

A most interesting and readable account of hospital activities is that of the Methodist Episcopal Hospital of Brooklyn, N. Y. The superintendent knows well how to clothe his dry facts and figures in interesting story form. Presumably a hospital report is to be read, but often it is asking too much of kind-hearted readers to wade through pages of the driest of dry figures relating to details which the public has but the vaguest interest in. One point which is of general interest to hospital workers and administrators is the average cost per day of caring for each patient. Yet, strange to say, this important detail is conspicuous by its absence from a large number of reports.

The Methodist Episcopal Hospital is now in its twenty-third year. Recent additions have placed it, so far as bed capacity is concerned, in the group of "large hospitals" in New York City. Ten thousand six hundred and ten different patients were treated last year. Of these, 3,023 were cared for in the wards and rooms, and 1,159 in the emergency ward. The cost is stated as \$115,351.95. The hospital has joined with other large hospitals in New York City in establishing a purchasing agency, by which it is believed more advantageous prices can be secured. The cost is an initiation fee of \$100.00 and a pro rata share of the expense based upon the cost of the respective hospitals. The uniform system of keeping accounts, adopted by several other hospitals and recommended by the American Hospital Association, has been introduced.

Within the year a department of Electro-Thermotherapy was added. It consists of a portable X-ray apparatus for bedside treatment, high-frequency resonator with auto-condensation couch, electric vibratory massage apparatus, electro-therapeutic wall cabinet,* dry hot-air apparatus and electric light bath cabinet, besides an X-ray room.

In the kitchen \$1,200 was expended for needed improvements, including a dish-washing

machine. A trained dietitian has been added to the professional staff—one of their own graduates who had taken the special course of the trained dietitian in addition. She superintends the culinary department and all diets, general and special. In the diet kitchen she is assisted by pupil nurses. Other numerous material improvements have been made.

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Hospital for Women and Children.

For fifteen years Miss Laura A. Slee has presided over the internal affairs of the Syracuse Hospital for Women and Children. Last year this hospital cared for 1,248 patients, this number including 180 babies born in the institution. Early in 1909 special legislation was secured, amending the charter so as to permit the acceptance of patients of either sex requiring treatment for eye, ear, nose or throat diseases. The Lyman pavilion was refitted for this purpose, and is devoted exclusively to this class of patients. The private rooms are available to any physician in good standing, whose practice is limited to this class of work.

It is worthy of note that though this hospital is not one of the large institutions of the State, it has adopted as an important feature of its management the principle that graduate nurses, rather than senior pupil nurses, shall be in charge of the departments. "These graduate head nurses," writes the secretary, "attain a uniformity in the work impossible in the pupil head nurse, who, in the course of training, remains but a comparatively short time in each department, thus making frequent changes in the head, which gives various and uneven results." A graduate nurse with experience in hospital administration has been in charge of the public office for some time, thus relieving the superintendent of much routine work.

The cost of maintenance was \$50,745.91, or an average rate of \$1.69 a day for each patient. One of the important events of the year was the opening of the two-story open-air pavilion for children.

The hospital is one of the unusually well equipped institutions of the State of its size, having what many larger hospitals lack—the facilities for open-air work, a department of hydrotherapy, X-ray and mechanical and electro-therapeutic departments.

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Grace Hospital.

Grace Hospital, Detroit, has had the experience of overcrowding to contend with for a long time. Ward space intended for twelve beds has been occupied by twenty-six patients, and though the hospital was originally constructed for a hundred beds the daily average for the last year has been one hundred and twenty-nine, and as many as one hundred and fifty-six patients at one time have been cared for. Among the important improvements of the year have been the completion and furnishing of a new general bathroom, with apparatus for hot air, electric light, and hydrotherapeutic baths. A portable vacuum cleaning machine has been installed.

Three thousand and sixty-seven patients received treatment last year, at an average cost per patient per day of \$2.18. The total expenses of the year amounted to \$102,592.16. A large addition is being planned, and it is expected that the work of construction will begin soon.

The training school has adopted the schedule recommended by the American Hospital Association, and the course of training for graduate nurses in hospital economics and institutional nursing is maintained with growing satisfaction to all concerned.

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Presbyterian Hospital.

In recent years the Presbyterian Hospital of Chicago has taken some long strides forward, of which a fuller account will be given later. One of special importance is the care given by the hospital to maternity patients among the deserving poor in their homes. Few general hospitals have taken up this phase of maternity work, but the Presbyterian Hospital has surely set a commendable example. Internes and nurses go to the homes of the patients with a well-equipped outfit, and the cases are visited daily by both physicians and nurses until safely discharged. About one hundred and twenty-five cases are cared for in their

homes yearly. The extension of this form of work and the adoption of this practice by hospitals in general would go far toward solving the midwifery problem in cities.

A social service department has been inaugurated, to which Miss Persons has been appointed as worker. In the first six months 225 cases were followed from the hospital and dispensary and assisted, and 160 additional patients were found in the homes visited.

The hospital closed its fiscal year without a deficit, which satisfactory result is partly due to the opening of the large new pavilion for private patients.

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St. Peter's Hospital.

The Henrietta Brewer Memorial Building of St. Peter's Hospital, Helena, Mont., was thrown open to the public March 31. It forms one of a group of buildings which are to be added to the hospital as funds and needs warrant. The building is a memorial to Mrs. Brewer, deceased wife of Bishop Brewer, of the Episcopal Church. It provides for eighty additional beds. A children's ward, maternity department and medical and surgical sections have been provided for, and arrangements are soon to be made to convert some of the older buildings of the hospital plant into detached cottages for contagious diseases, thus making it one of the most complete institutions of its kind in the section of the country in which it is situated.

Miss Harriet Peeples is superintendent.

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Notes and News.

The Carrie F. Wright Hospital, at Newport, N. H., has been opened with fifteen beds. Mr. Frank Eagan is superintendent and Mrs. N. K. Loverin superintendent of nurses.

The Sayles Memorial Hospital, at Pawtucket, R. I., has been erected by Mr. Frank A. Sayles as a memorial to his father. It has cost about \$120,000 and will be turned over to a board of trustees to operate.

A whirlwind campaign to raise \$300,000 for the Troy (N. Y.) Hospital has been decided on. Mr. G. W. Johnson, of the J. C. Moss Advertising Agency, who conducted a similar and very successful campaign in the interest of the Buffalo Homeopathic Hospital, is to

have charge of the work. The plan is to raise the money in two weeks.

Miss Margaret Carnegie, daughter of the steel king, is allowed to make on each birthday a gift to some charity of her own choosing. Her gift this year was a check for \$5,000 to endow a bed in the children's ward of Pasadena Hospital, Cal.

By the will of the late Representative James Breck Perkins, several Rochester, N. Y., institutions will benefit to the amount of \$25,000.

The Children's Tuberculosis Preventorium has been removed from the Cleveland cottage at Lakewood to Farmingdale, N. J. The estate of Albert Brisbane has presented to the Preventorium 100 acres of woodland and a free lease for twenty-five years of a 200-acre stock farm. Children of tuberculous parents who have not developed the disease, but are liable to, are taken in this institution. The age limits are four to fourteen years.

The new Children's Free Hospital has been opened at Louisville, Ky. It cost \$55,000.

A new reception building is to be added to the State Hospital at Howard, R. I.

It is stated that the existence of the Chicago Baptist Hospital is threatened unless the burden of indebtedness resting on it is removed. The hospital is now almost self-supporting, the debt having been incurred in the earlier years.

St. Luke's Hospital, St. Louis, will receive a bequest of \$20,000 from Mrs. Charlotte Elmer for the endowment of a chaplaincy for the hospital.

The Caledonia Hospital, Caledonia, Minn., has been opened. It is owned and operated by Dr. W. E. Browning.

Dr. Francis D. Donoghue, of Boston, has been elected president of the Massachusetts Maternity and Foundling Hospital Corporation.

The organization is designed to aid unfortunate girls and support and educate the children.

The Judge Mercy Hospital at Salt Lake City is to be opened in June.

The Massachusetts Hospital School for the Education and Care of Crippled and Deformed Children has been established at Canton. Dr. John E. Fish is superintendent.

The new addition to Hahnemann Hospital, Rochester, N. Y., will soon be ready for occupancy. It will provide accommodation for fifty additional patients.

Portland, Ore., is to have a Chinese hospital. A fund of \$40,000 is being raised. Leong Jew Hing, an educated Chinese and a man of excellent financial ability, is managing the undertaking.

The new \$40,000 addition to St. Joseph's Hospital, Marshfield, Wis., has been completed. It will provide special equipment for the Kneipp cure, for which the hospital is noted.

The new \$200,000 hospital of the Indiana Steel Company has been opened at Gary, Ind. Dr. W. H. Gleason is superintendent.

Chicago school children are to be given an opportunity to build, by their own contributions, a contagious disease hospital for children. Several philanthropists have agreed to add to the fund by substantial gifts in the names of their own children if the scheme is inaugurated.

The Sisters of St. Francis have purchased fifteen acres near Denver for the erection of a tuberculosis sanitarium to cost \$250,000. It will be known as St. Leo's Memorial Hospital.

The hospital at Delaware, O., has been greatly overcrowded and an addition is talked about.

The Salt City General Hospital at Manistee, Mich., will soon be ready for occupancy. Dr. James A. King is superintendent.

In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS.

Some Unsettled Questions in Training School Policy

(Continued from May.)

It is quite impossible to predict with any degree of confidence how the question of undergraduate nursing service will ultimately be settled by hospitals as a whole throughout the country. It has been settled by many individual hospitals by the exigencies of the work and the difficulty experienced in getting enough nurses to keep up the nursing inside the hospital as it should be done. But the more hospital superintendents and trustees rub up against each other, and the more they know of each other and of the general needs as regards the care of the sick, the more tolerant they become, and the less inclined to advocate extreme policies in any direction. One thing is reasonably certain—the hospital world, and especially its leading men and women, are not likely to blacklist a hospital or hospital school because it allows its pupils to gain experience in nursing in private homes before graduation. It is absolutely certain that many of the nurses connected with the national association absolutely and unqualifiedly disapprove of the clause in the by-laws relating to the subject referred to in last month's magazine. A large number of the hospitals throughout the country supply undergraduate nurses for duty in private homes, where they can—not simply and solely for revenue only, as some would have us believe, but because of the constant and pressing need that exists for nurses for people of limited means, because the work of the nurses tends to popularize the hospital, and because they are adding to the nurses' training and experience what is unquestionably valuable—do what a great many other hospitals would do if they could.

It is more than probable that we shall, as registration matters are better understood, and as all factors concerned in the registration

problem are represented on boards of control, find the question of undergraduate nursing dealt with in a broad, rational way, with the needs of the individual school kept in view. To a good many old-fashioned unorthodox people, it is hard to see the wisdom of sending nurses away from one hundred to five or six hundred miles, as is done in numerous cases, to get experience in obstetrical nursing in some maternity hospital, while all around in the town or community around the hospital in which those nurses entered for training, babies are being born under indescribable conditions; while lying-in women are exposed to constant peril at the hands of "experienced" nurses or totally untrained women, who are blissfully ignorant of the dangers that threaten or how to prevent them; and while doctors and the public are constantly clamoring for "efficient" nursing for people of limited means. We expect 90 per cent of the nurses who graduate will do private nursing, yet we rigidly see to it that they shall get no experience in the work for which presumably they are being trained before they graduate. We see to it that they are up to date in surgical technique as carried out in a hospital, when we don't expect them to assist at operations and to nurse an average of more than one or two surgical cases in a year in their homes, and when we know that the bulk of their work in private homes is likely to be along medical or obstetrical lines. We supply them with abundance of linen, surround them with all possible appliances and conveniences for work, and send them out as graduates to work under entirely different conditions on their own resources to get along without these appliances, and then wonder why they fail to measure up to expectation. We do all this presumably in the name of edu-

cation—at least some of us do—not all of us.

The New England Baptist Hospital, Boston, within the past year has added accommodation for about a dozen nurses to its nurses' home in order that it might add to its corps of nurses and do something more toward providing nurses for people of limited means in their homes, and at the same time widen the experience of its nurses. The Newton (Mass.) Hospital sends pupil nurses out to obstetrical patients in their third year at \$12 a week. The Woman's Hospital, Philadelphia, also allows its undergraduates to respond to calls in their third year, charging as a rule \$12 a week, but cannot begin to supply the demand. Through New England and also in the West the practice is quite general.

In an able paper presented by Dr. Frank Patch before the New England Association for the Education of Nurses, attention was called to the modern movement which is demanding that churches, schools and institutions supported by the public, shall be put to a broader usefulness and made to serve the community along new lines. Protests increase in volume each year against the policy of keeping schools closed two whole months of the year and two days in every week, when they could be made to serve as social centers for the community which supports them. And the case against the church is even worse. He asks if, in view of the millions of money expended in the support and extension of hospitals and training schools, they are returning to the community full value in service. Attention is called to the fact that present methods tend to limit the influence of nurses as social workers to the four walls of the hospital, and to the small proportion of the community who are able to pay from twenty to twenty-five dollars a week for their services. His plans suggest extension on a large scale, and an entire reorganization of methods, so as to provide for practical experience and teaching in the homes of the middle-class people, the average rates to be between seven and twelve dollars a week. Certainly at such prices pupil nurses would in no sense be competitors of graduate nurses, whose rates range from twenty-one to thirty-five dollars as a rule.

There are many difficulties in the way of a general adoption of Dr. Patch's plan, but it is worthy of consideration. The chief difficulty is in the ever-increasing demands within hos-

pitals and the prevailing conditions of scarcity in the supply of desirable probationers. It is not unlikely that the future holds some extension in this form of service to the community on the part of hospitals and hospital schools as our vision of human needs and possibilities enlarges.

In order to secure an expression of opinion from different superintendents on this point the following question was sent to a number of superintendents of hospitals and hospital schools in different parts of the country: "In view of the need for nurses for middle-class patients in their homes, is it desirable to establish an undergraduate nursing service in connection with the average hospital where such service would be possible, taking hospitals as a whole in city and country districts?" The following are among the replies received:

From a Minnesota superintendent: "I am strongly in favor of requiring pupil nurses to have some experience in private nursing before they leave the hospital as graduates. I do not think that any number of years of training in a hospital will fully fit them for private nursing. They need the actual experience in homes, and especially along contagious and obstetric lines. I recommend the plan both for the good of the nurse, the public and the hospital."

From a Nebraska superintendent: "We do not send out nurses during their training, for we are too busy in our own institution to spare them. However, I see no objection to it, and it would help to solve the problem of supplying nurses to the middle classes. It would also be of help to the nurse in training. If the arrangement is properly managed, it would not need to interfere with the work of graduate nurses. The public would need to be educated to the plan and to understand the capabilities of the pupil nurses. Only nurses in their senior year should be sent out. Their class and lecture work should be arranged so as not to miss any of it, or else it should be made up to them."

An Ohio superintendent writes: "Regarding the sending out of nurses in training as a possible solution of the question of providing skilled nursing for people who cannot afford to pay graduate nurses, I wish to say that it seems to me the best and the only solution of the problem. We have adopted the plan this past year with very satisfactory results from

every standpoint. We plan to make a special point of this work when we get our new hospital, and are ready to accommodate a larger staff of nurses."

A Michigan superintendent writes: "I do not think the average hospital should in any way be held responsible for nursing conditions outside the institution. Many hospitals are now running with an inadequate nursing force, and it seems to me the entire energy of the training school is needed in the hospital. I realize very fully the need among the middle classes for better nursing; but the problem must be solved in some other way."

A Pennsylvania superintendent writes: "I wish it were possible for us to give every nurse two or three months of experience in private nursing before they leave us to take up that line of work. I myself when in training had the benefit of such experience, and have always been thankful for it. I am sure I learned more while out on a case in a home than I would have in twice or three times the same length of time in the hospital. Now that we have a prospect of a fine new nurses' home, we hope to increase the staff, so as to be able to supply nurses to the middle class of people in our own community. We shall never fully meet the need, but we can help, and I feel sure it will help our training school."

The Presbyterian Hospital of Chicago has for some years been developing a maternity department in connection with its out-patient work, through which medical and nursing care is given to obstetric patients in their homes. Over a hundred patients were attended last year in their homes, daily visits being made as long as necessary. The plan seems eminently worthy of consideration on the part of hospitals so situated that they cannot accommodate sufficient maternity patients to furnish the needed training. Careful training in theory and by practical demonstration should be given previous to the practical experience, and careful reports of cases required; but the plan has splendid possibilities of rounding out and broadening a training. There is great need of

a deliverance from bondage to custom in the development of training school policies in general, and a more careful study of the principles which are at the bottom of sound training.

What difference whether a nurse gets her obstetric experience inside the four walls of a hospital or the four walls of a private house, adapting herself to the conditions she finds there, so long as she gets it, and so long as she gets, previous to the experience, the careful instruction in routine methods of nursing and of the technique to be observed in the management of such cases, and so long as she works under proper direction and supervision, and so long as she gets both the theory and the practice? Hospital and home conditions are exceedingly varied in this broad country. There is much to be learned and unlearned regarding training school methods, and cast-iron rules to fit all the hospitals in any one State need to be moulded with exceeding care.

There is much need for a careful supervision of such training schools as wilfully and habitually miss class work during the school year for weeks at a time, and thus defraud nurses of the instruction which is promised as a return for service rendered. This is one of the greatest evils to be dealt with in the whole training school situation, and how it is to be successfully remedied is one of the unsolved problems. The sending of a blank form requiring it to be filled out by the superintendent, stating the number of class periods which have been held in each subject during the year or the term, has been suggested by some members of registration boards, but it can never get to the bottom of the problem. The superintendent who will drop class work for weeks at a time on plea of being busy, and thus defraud pupil nurses of the instruction promised as an equivalent for their services, will, as a rule, be quite unprincipled enough to pad a report so as to make it reach a mark that will pass with the board. How to remedy this far too common custom in many schools is a subject which demands serious consideration.

Book Reviews

Pye's Surgical Handicraft: A Manual of Surgical Manipulations, Minor Surgery and Other Matters Connected with the Work of House Surgeons and Surgical Dressers. Fifth edition. Revised and largely rewritten by W. H. Clayton-Greene, B.A., M.B., B.C. (Cantab.), F.R.C.S. (Eng.); Surgeon-in-Charge of Out-Patients, St. Mary's Hospital; Lecturer on Anatomy in the Medical School. With 343 illustrations and plates newly drawn for this edition. For sale by the Lakeside Publishing Company. Price, \$4.00

This is a comprehensive treatise, covering (as stated in the preface to the fifth edition) most of the common details and complications of treatment occurring in the course of surgical practice. It is divided into ten sections, each of these, in turn, consisting of several chapters, arranged in logical sequence, beginning with a general consideration of the particular subject with which each section deals, and gradually developing the minutiae of that subject.

The book begins with a section on hemorrhage. Consideration is given to the arrest of certain special kinds of hemorrhage, such as nose bleed, bleeding from a burst varicose vein, from the socket of an extracted tooth; from granulating surfaces, from malignant growths, from the stomach, lungs, rectum, etc. The second section deals with various forms of apparatus for restraint and support, viz., bandages, splints, elastic bandages and trusses and adhesive strappings. Many illustrations demonstrate the special kind of bandages.

The third section considers fractures, dislocations and sprains. Here are included chapters on improvised splinting and massage and passive movements after fractures. Section four is on wounds, ulcers and burns. Section five treats of orthopaedic subjects. Section six is on minor surgery, the use of catheters, the stomach pump, venesection, cupping, blisters, etc. Section seven considers special cases connected with the head and throat, including the more frequent diseases

of the eye, ear, nose and throat, with their treatment and care. Also an excellent chapter on the treatment of the teeth. Section eight is on surgical and general emergencies, such as retention of urine, strangulated hernia, the treatment of cases of poisoning, drowning, etc. The ninth section is on anaesthesia. The last section deals with the preparation of patients for operation and their after treatment, on the making of poultices, fomentations, etc.; on urine testing, etc.

The work differs from the majority of hand-books on surgery in that it pays strict attention to the details, and in this way it covers the ground thoroughly, for attention to the small things in treatment and the ability to cope properly with emergencies are what count for success. Besides, the book possesses the delightful property of being to the point. The illustrations are well executed. In the text attention is called to each new topic by the use of heavy black type, so that there is little difficulty in finding any special subject after consulting the index. To sum up, it is interesting and up-to-date reading, and a book well worth having on one's book shelf.

E. F., JR., M.D.

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The Practice of Anaesthetics, by Rowland W. Collum, L.R.C.P. (Lond.), M.R.C.S. (Eng.); Anaesthetist to St. Mary's Hospital, Paddington; the Charing Cross Hospital, and the Hospital for Sick Children, Great Ormond street. *General Surgical Technique*, by H. M. W. Gray, M.B., C.M. (Aberd.), F.R.C.S. (Edin.); Surgeon and Lecturer on Clinical Surgery, Royal Infirmary, Aberdeen. The Medico-Chirurgical Series No. 1. Edited by James Cantlie, M.A., M.B., C.M. (Aberd.), F.R.C.S. (Eng.); Surgeon Seamen's Hospital Society; Lecturer on Surgery, London School Tropical Medicine; Surgeon West End Hospital. With 103 illustrations. For sale by the Lakeside Publishing Company. Price, \$3.00.

This is the age of specialism. The tendency of to-day on the part of the medical

man is to direct every endeavor toward perfection along certain lines, and to confine his work to some one branch of medicine. It is quite reasonable that that very important field of work, the administration of anaesthetics, should be developed as a definite specialty also; for anaesthesia has come to be looked upon no longer as the hand-maiden to surgery, but as a sister-art. The duties and requirements of the anaesthetist, depending upon special training, are aptly brought out by the author of the first part of this volume.

At the beginning there is a brief historical sketch. Then follow chapters on chemical properties and impurities, the physiology of anaesthesia, preparation and examination of the patient, and the selection of the anaesthetic. Methods of procedure in special cases are described, considering, first, the condition of the patient (age, muscular development, pregnancy, disorders of the heart and vessels, of the respiratory system, of the abdominal viscera, renal disease, diabetes, etc.), and second, the nature of the operation (length of time required, operations about the mouth, on the neck, obstetric operations, abdominal and kidney operations, accident cases, etc.). Also there are several chapters, each devoted to a detailed description of the administration of each special kind of anaesthetic. (Nitrous oxide, ether, chloroform, ethyl chloride, and

mixtures of one or more of these.) At the close there are two excellent chapters on difficulties and dangers, and the treatment of after-effects.

General Surgical Technique is an exceptionally good little work, containing many original ideas, and is to be recommended to nurses as well as surgical assistants. There are eight chapters, as follows: 1st, Personal Preparation of the Surgeon and Assistants.; 2d, The Operating Department (preparation and sterilization of linen, materials, dressings, etc.); 3d, Ligatures and Sutures (how to prepare them); 4th, Wound Drainage; 5th, Bandaging; 6th, Preparation of Patient (internal treatment, disinfection of the area of operation) and After-treatment (position, sequelae); 7th, Operations in Private Houses; 8th, Common Surgical Operations Which May Have to Be Undertaken by a General Practitioner (herniotomy, tracheotomy, compound fractures, amputations, wounds, tumors, burns, exploratory puncture and paracentesis, acute abscesses, infusion and transfusion). In this last chapter the author divides his description of each operation into five parts, viz., anaesthesia, instruments required, technique, dressings and general remarks. The book is written in an easy and fluent style, and it holds the reader's attention throughout.

E. F., Jr., M.D.

Texas.

The fourth annual meeting of the Graduate Nurses' Association convened at Galveston May 4th and 5th, when the following subjects were discussed: "Special Nurses in the Hospital," "The Benefits of Registration," "What Registration Is Doing for the State of Texas," "The Graduate Nurse," "A Nurse's Duty to Her Association Without Partiality," "What the Graduate Nurse Has Done for Texas," "Public Hygiene and the Value of Practical Demonstrations During Training." There was also a discussion on a bill of amendments and election of officers. Interesting social features added to the enjoyment of the occasion.

The election of officers resulted as follows: President, Miss Rhetta Johnson, of Houston; first vice-president, Miss Ethel Clay, Galves-

ton; second vice-president, Miss Watson, of Fort Worth; third vice-president, Miss Carlton, of Temple; secretary, Miss A. L. Dietrich, of El Paso. The next meeting will be held at El Paso.

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Iowa.

The seventh annual convention of the Iowa State Association of Registered Nurses was held at Des Moines May 12th and 13th. Papers and discussions on the following subjects occupied the two days' session: "History of Visiting Nursing," "Prevention of Infant Mortality," "Public School Nursing," "Red Cross Work and Nursing and Sanitation in Panama." There was also an election of officers and the appointment of committees.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS.

That Busy Little Leaflet.

To the Editor of The Trained Nurse:

I suppose you noticed the extract taken from the St. Luke's Alumnae Leaflet, Chicago, and copied in the April number of the *American Journal of Nursing*?

I refer particularly to the part, "It is the private duty nurse who makes the cry for articles on 'how to do things' instead of 'what is being done in the nursing world,' who will tell you she prefers THE TRAINED NURSE to the *American Journal of Nursing* because it has articles on how to care for a typhoid patient and how to modify milk."

It strikes one very disagreeably to have praise, and, by inference, commendation, appropriated when it is not merited, since a comparison of the indexes of our two great national magazines on nursing show that both devote generous space to "how to do things" and "what is being done in the nursing world."

The incident reminds one of the fact that the *Journal* editors failed to repudiate the suggestion offered at the last meeting of the A. A. that in the reorganization the yearly dues should be made to include a subscription to the *Journal*, even when it was so evident such a proceeding would be interfering with a nurse's liberty.

I think it has struck a good many as a very questionable way to lengthen the *Journal's* subscription list.

Some nurses prefer THE TRAINED NURSE, others the *Journal*. Would the *Journal's* advocates enjoy having the admirers of THE TRAINED NURSE force that magazine upon them? Of course not! So why can't they do as they would be done by?

As for myself, I have for some time taken both periodicals, as I think it beneficial to have the different points of view, and I most assuredly would not permit any organization to interfere with my liberty in this matter.

X. Y. Z.

[The Post Office has ruled that the subscription price of a magazine entered as sec-

ond-class matter cannot be included in the dues of an organization.]

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Too Few Classes.

To the Editor of The Trained Nurse:

I am writing to you for some advice as to what course to take. I am a pupil nurse in my second year. For the most of the first year we had classes twice a week. In the beginning of the school year, this year, we began and had classes at least once a week; and for a number of weeks we got two lessons or lectures a week. Since the beginning of the year 1910 we have had only one class. The hospital has been busy all the time and the superintendent says we are too busy to bother with classes. I have been told by older nurses that it is not unusual to have lectures and classes dropped for three or four weeks, but it is now nearly three months since our last lecture and there is no sign of change. The hospital has forty-five beds, most of them are now full.

We like the practical work, but we feel we are not being treated justly by the hospital when we are not getting the class-work that we were promised, and that nurses in other hospitals get.

We have appealed to the superintendent, but it does no good. We never see the members of the board. We do not like the idea of putting in nearly two years more in a place where we are liable to get only from a dozen to twenty classes in a year. What can we do? There are six of us in our class. None of the nurses are getting classes. We would like to leave and go to some hospital where we would have classes regularly. We would be willing to lose a few months of the time we have put in if we could get admission to some other hospital, but we have been told that it would be impossible to get into another hospital. We are perfectly willing to stay here if we could have the regular

class-work that we were promised. Please advise us what to do, and ask other nurses to do so. We enjoy the Trained Nurse magazine very much.

PUPIL NURSE.

[This writer has touched on a very perplexing problem which we suspect is not at all uncommon. It shows one reason for having a registration law, though even that is not altogether a cure for the trouble complained of. There must be something radically wrong with the management in the hospital complained of. No hospital that is so busy it cannot find time for class-work for even two or three weeks in the school year should pretend to conduct a training school. In our opinion the nurses' wisest course is to write a respectful letter to the Board of Managers, stating their side of the case and asking them to have the classes held regularly. Two classes a week is the least number that should be considered in any hospital that has a training school, and if classes are missed through press of work one week, the number lost should be made up in the weeks immediately following. An increase in the staff may be needed, also so that there will be enough nurses to go on with the work and classes, too.—EDITOR.]

A Criticism.

To the Editor of The Trained Nurse:

I have been a subscriber of your journal for I believe ten years. I enjoy it more and more as time goes on—read it, every page; advertisements and all. In the May number there was an interesting article, written by Anna R. Nelsen, which must have been written as a parody on nursing.

Dear Editor, please tell me if the readers are to take that article seriously. We older nurses at least can appreciate the circumstances and surroundings in which Miss Nelsen found herself placed (as many of us have been there), but please tell us would any nurse, even in the home of a Rockefeller, ask fifty yards of mosquito netting, etc., for the use of one patient. The boy that helped had my sympathy—and, what a burden she must have been to an already worried household! No wonder the physician laughed and would not recognize her in the sick room as a person of much importance—for physicians, my

experience has taught me, are quick to note the lack of experience or of the adaptability of the nurse to her surroundings, and that experience was surely lacking, if one were to judge by the laborious mode of disinfection used. And I rather agree with the family, when they considered twenty dollars ample pay for the six weeks they had to "stand for so much nonsense." With so much teaching and training, etc., at training schools, how could Miss Nelsen have missed learning the sane, easy method taught of disinfection and sterilization necessary to prevent further spread of the disease?

If this story that we ask about is a true one, then 'tis no wonder many families dread the entrance of a trained nurse into their homes as they would the plague.

E. NICHOLS.

[We beg to state that the article referred to is a true experience and was written by one who is a graduate of one of the most prominent training schools, a registered nurse, a teacher of nurses, and one who has had large experience in almost every branch of nursing.—EDITOR.]

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Preparation for Institutional Work.

To the Editor of The Trained Nurse:

In the March number of THE TRAINED NURSE I noticed the following statement:

"It is rather noteworthy and regrettable that the New York nurses have had to leave the metropolis to secure practical training in executive work."

The writer states that she will be glad to be informed of institutions which are intending to offer a course in executive work. The management of the New York City Training School decided in January, 1908, to reduce the course from three to two years for several reasons. The most important to my mind was this, that as the pupil nurses did not have the care of private patients during their course, they should be allowed to graduate at the end of two years, thus giving them an opportunity to take post-graduate courses. The post-graduate course in executive training was outlined, and at present the school offers to four of its own graduates a course with special instruction by the superintendent of the school and her assistants. The term is about six

months. This may be shortened at the discretion of the superintendent.

I understand that the Bellevue Training School also offers a course in executive training. I consider such a course essential for women who wish to take positions of responsibility, and endeavor to confine the opportunity to those who could not afford the expense of taking a full course at the Teachers' College.

Since graduation a number of our nurses

have entered other hospitals or private sanitariums for experience in the care of private patients.

To undertake post-graduate instruction is an added expense for the hospital and increases the duties of the executive staff, but we consider that the opportunity should be opened for those who desire the experience.

JANE M. PINDELL, R.N.

Superintendent New York City Training School for Nurses.

Maryland.

Memorial services were conducted at 3 o'clock, April 18, in the chapel of the Nurses' Home at the Johns Hopkins Hospital for Mrs. Isabel Hampton Robb, at the same hour of the funeral service held in Cleveland, Ohio.

Rev. John B. Harding, rector of St. Mark's Protestant Episcopal Church, Philadelphia, read the burial service. Mr. Harding was for many years rector of the Church of Our Saviour, on Broadway, this city, at the time that Mrs. Robb, then Miss Hampton, was in charge of the training school at the Johns Hopkins Hospital, which she organized in 1889.

The three favorite hymns of Mrs. Robb were sung during the service: "Nearer, My God, to Thee," "Abide With Me" and "I'm but a Stranger Here."

There were about two hundred persons present, including many graduate nurses in the city and some from out of town. The undergraduates attended in a body.

In the announcement of the death of Mrs. Robb in the May number of *THE TRAINED NURSE*, it was stated that Mrs. Robb died from injuries received several weeks previously. This was the first report that reached us, and, though incorrect, there was no time for correction. Mrs. Robb's death was almost instantaneous.



ISABEL HAMPTON ROBB.

From the Baltimore, Md., Sun of April 19.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

Army Nurse Corps.

Extract from an Act of Congress approved March 23, 1910:

"The Superintendent and members of the Female Nurse Corps shall hereafter be paid at the following rates: Superintendent, Nurse Corps, \$1,800 per annum; female nurses, \$50 per month for the first period of three years' service; \$55 per month for the second period of three years' service; \$60 per month for the third period of three years' service, and \$65 per month after nine years' service in said Nurse Corps, and all female nurses shall hereafter be entitled, in addition to the rates of pay as herein provided, to \$10 per month when serving beyond the limits of the United States, comprising the Union and the territories of the United States contiguous thereto (excepting Porto Rico and Hawaii), and to cumulative leave of absence with pay at the rate of thirty days for each calendar year of service in said corps; and when serving as chief nurses their pay may be increased by authority of the Secretary of War, such increase not to exceed \$30 per month, and the Superintendent shall be entitled to the same allowance, when on duty, as the members of the Nurse Corps."

The salary for army nurses, provided by Act of Congress, March 23, 1910, is as follows:

Nurses serving in the United States:
First three years, per month.....\$50
Second three years, per month..... 55
Third three years, per month..... 60
Thereafter, per month..... 65

In addition to the above rates, chief nurses may receive an increase not to exceed \$30 per month.

Beyond the limits of the United States all nurses will receive \$10 per month additional (except in Porto Rico and Hawaii).

The Government will provide maintenance and for the laundry of nurses' uniforms.

Nurses will also be allowed cumulative leave of absence with pay at the rate of thirty days for each calendar year.

First-class transportation will be furnished when traveling under orders, also reimbursement for incidental expenses—meals, fees, etc., not to exceed \$4.50 per day.

It is very gratifying to note that in counting the service of the Army Nurses toward an increase in pay it has been decided that this service need not be continuous.

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The Navy Nurse Corps.

It may not be generally known by the nurses at large that the pay of the personnel of the Navy Nurse Corps has recently been increased and in future nurses will receive \$50 per month for the first three years of service, \$55 per month for the second three years, \$60 per month for the third three years, and \$65 per month thereafter. For service beyond the limits of the United States (with the exception of Porto Rico and Hawaii) \$10 per month in addition to the above rates will be allowed. When serving as chief nurses their pay may be increased by the authority of the Secretary of the Navy, such increase not to exceed \$30 per month. In addition to the above chief nurses and nurses will be entitled to quarters and subsistence, traveling expenses when traveling under orders and to leave of absence with pay at the rate of thirty days for each calendar year, such leave may, if desired, be allowed to accumulate for three years.

A change has also been made in the method of examination. In future a candidate for appointment in the Nurse Corps will be required to file the necessary certificates in regard to health, training, etc., and submit to the Bureau of Medicine and Surgery an essay of not less than two hundred and fifty words upon a given nursing subject. Certificates and essay, together with training, subsequent experience, etc., will then be given careful consideration,

and, if satisfactory in all respects, the applicant's name will be placed upon the waiting list as eligible for appointment when a vacancy occurs in the service.

Applications should be addressed to the Surgeon General, U. S. Navy, Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

ESTHER V. HASSON,
Sup't Nurse Corps, U. S. N.

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Changes in the Navy Nurse Corps.

APPOINTMENTS.

Mary T. O'Connell, graduate of the Brooklyn Hospital Training School.

Louise M. Pitz, graduate of Frances Willard Hospital Training School, Chicago, Ill. Subsequent experience in Cook County Hospital and A. C. Copper Company Hospital, Arizona. Late superintendent Greeley Hospital, Greeley, Colo.

Antoinette Montferrand, graduate of St. John's Hospital, Lowell, Mass.

TRANSFERS.

Isabelle M. Boumhoff and Alice M. Annette, from the Naval Hospital, Annapolis, Md., to the Naval Hospital, Mare Island, Cal.; Emily M. Kennedy to the Naval Hospital, Brooklyn, N. Y., and Margaret D. Murray, to the United States Naval Medical School Hospital, Washington, D. C.

Evelyn W. Jefferson and Susanne B. Hoskins, from the Naval Medical School Hospital, Washington, D. C., to the United States Naval Hospital, Norfolk, Va.; Mary T. O'Connell, to the Naval Hospital, Brooklyn, N. Y., and Nell I. Desert, to the United States Naval Hospital, Mare Island, Cal.

Betty W. Mayer, from the United States Naval Hospital, Norfolk, Va., to the Naval Hospital, Mare Island, Cal.

Anna G. Davis, from the Naval Hospital, Brooklyn, N. Y., to the Naval Hospital, Mare Island, Cal.

ESTHER V. HASSON,
Sup't Nurse Corps, U. S. N.

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State Committee on Red Cross Nursing Service.

State Committees shall consist of not less than five nor more than ten nurses, who are appointed as provided for in rules for National Committee on Nursing Service.

DUTIES OF STATE COMMITTEES.

To decide where Local Committees for the enrollment of nurses are needed, and to arrange for the establishment of the same.

To appoint annually on Local Committees for the enrollment of nurses not less than five nor more than ten nurses who are members of organizations affiliated with the Nurses Associated Alumnae, but in sections where there is an affiliated organization representing a majority of the trained nurses in that locality such appointment shall be made from names submitted by the Executive Committee of that organization. Unless other changes become necessary it is desirable that at least a majority of the members of all local committees be reappointed annually.

To instruct local committees in regard to the enrollment of nurses and their duties in connection with the same.

To keep in touch with the work of local committees and to make a report of the same to the National Committee on Red Cross Nursing Service at least one month before the dates of their semi-annual meetings.

MEETINGS AND REPORTS.

State Committees shall hold their regular annual meeting at the time and place of the annual meeting of their State Associations and at such other times as they may consider necessary.

To report to the Chairman of the National Committee on Red Cross Nursing Service, Office of the American Red Cross, State, War and Navy Building, Washington, D. C., the formation of all Local Committees, with the names and addresses of all nurses appointed on the same.

To submit reports at the annual meeting of the State Nurses' Association and to the National Committee on Red Cross Nursing Service at the time of their semi-annual meetings.

Every State Nurses' Association organized for the enrollment of Red Cross nurses has the privilege of sending at least one delegate to the annual meeting of the Red Cross.

At a meeting of the New York State Committee on Red Cross Nursing Service, held May 5 at the residence of Mrs. E. G. H. Schenck, the following motion was made by Mrs. C. G. Stevenson, seconded by Miss Pattison and carried: "That reports of this committee be sent by the secretary to the Ameri-

can Journal of Nursing, THE TRAINED NURSE and any other nursing publications interested in Red Cross work."

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The National Societies.

The Superintendents' Society will hold its sixteenth annual meeting in New York City on Monday and Tuesday, May 16 and 17. The sessions of Monday and Tuesday mornings will be held in the Academy of Medicine. The session on Tuesday afternoon will be held at Teachers' College. Joint sessions of the Superintendents' Society and the Associated Alumnae will be held at Teachers' College at 2 p. m.

The exercises in commemoration of the fiftieth anniversary of the founding by Florence Nightingale of the first training school for nurses will be held Wednesday evening, at 8:30, at Carnegie Hall. Addresses will be delivered by the Hon. Joseph H. Choate, the Rt. Rev. David H. Greer, Bishop of New York; Professor Henry Fairfield Osborn, Dr. William M. Polk and others.

The Associated Alumnae meetings will be held May 18, 19 and 20. The morning session of the 18th will be held at the Park Avenue Hotel; the meetings of the 19th and 20th in Mendelssohn Hall.

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Massachusetts.*

DR. WORCESTER: I cannot help feeling that the hospital training of nurses has already reached a disproportionate efficiency. Hospital nursing was outrageous only a short time ago; it has been made admirable by the work of the training school. It requires only the smallest knowledge of the history of nursing to be convinced of that. The older physicians who are now living were brought up under conditions that were awful, so base and profligate was the nursing force. I have heard myself from Dr. Austin Flint that when he was house officer in the Bellevue Hospital it was not an uncommon occurrence to find the night nurses in the morning dead drunk by the bedside of patients who had died for lack of care during the night. There is no need of dwelling on such awful instances, and

everyone knows now that the nursing in most hospitals has been brought to a splendid state of efficiency. I think that this admirable report of the Association of Hospitals Superintendents will do much to standardize training schools, will bring up the hospitals that are in arrears; but there is ever so much more to be done in the education of nurses than in making them splendid hospital nurses. That additional education, it seems to me, is what this association can best consider.

There are new fields opening all the time for trained nurses, and yet trained nurses at the present time are not fitted by their schools to enter those fields. They have no advantage over those who have not been trained. For instance, there is an entirely new field opening up in social service, and we find women who have not been trained as nurses crowding into that field. And yet there is no question that the trained nurse can do a great deal more in that line than a woman who has not had such training, as there is no question whatever that a physician can do more good in such service than a layman. And so, where social service in connection with hospital work has been originated and carried to such a high state of efficiency, it seems to me a pity that no provision has yet been made for the training of nurses in that work to fit them for that service. Calls keep coming for somebody who will go to this manufacturing city, or will enter into the employ of this or that manufacturing establishment, as a social service worker. Now, who can so well enter that service as a nurse whose education has been sufficiently broad to be able to recognize the material as well as the physical needs of the family visited?

It therefore seems to me that one of the things that a training school should now do is to arrange for the instruction of its pupil nurses in social service. Now, how can that be done? There is this way, and this way only, that it can be done, by arranging to send out pupil nurses from the training school for short terms of service as assistants to women who are doing social service now, and who are doing it well. There is a school here for social service, you know, which is maintained by Harvard and Simmons jointly, and in those classes where you and I, Mr. President, have the privilege of lecturing there are one or two nurses perhaps. I don't

*Continuation of the report of the tenth semi-annual meeting of the New England Association for the Education of Nurses, the subject under discussion being the training school report of the Hospital Association.

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suppose we can expect a nurse to give up one year or two years after training to further study in that school of social service; nor is it, I believe, necessary, in order that the nurse shall be fitted for such work; but it is necessary that a pupil nurse, during her course of training, shall have some apprenticeship in this work. If she is a modest woman, not overconfident of her own abilities—and who that is really valuable might not so be characterized?—unless she has had some opportunity of studying, of finding out what social service means, she may not even offer her services in situations which she would very much like. She will not feel herself fitted to apply for such position. That is one direction in which, it seems to me, we might all agree that the training school of to-day ought to provide further opportunities for education.

Then there is the anti-tuberculosis work. There is no other work of such importance before the medical profession, and before the nurses' profession, and before the public, as the anti-tuberculosis crusade. It is the special blessing of the last few years that communities large and small have formed associations for the purpose of exterminating that disease. And each one of those towns, each one of the associations in the larger cities, wants an agent. Who is fitted to be an agent of the Anti-Tuberculosis Society better than a nurse? Some associations already have employed women who never have had any nursing training to serve as their agents. What do they do? They stay at headquarters and engage nurses to go out and do the work for them. It is nurses' work! It requires a nurse's training if anything ever required a nurse's training. What must she do? The agent of such a society must hunt around wherever she hears of a suspicious case of tuberculosis, and after having located the case she must try to have it reported to the Board of Health, try to put the case under proper medical direction, try to arrange that the patient shall have the advantage of sanatorium treatment, or if that is impossible to look out that the patient is being properly cared for, not only for the patient's own sake, but to prevent a spread of the disease.

Now, what is the use of thinking that a woman who has not had a nurse's training can do that efficiently? There are associa-

tions being started from the Atlantic to the Pacific where salaries are waiting—and good salaries, too—for proper agents to do that work, and why do not nurses apply now for such positions? Simply because they have not been trained adequately in that direction. How may they be trained in that direction? By allowing the pupil nurses in the different training schools to go out for a month or two months to serve without pay as assistants to agents who are doing that work successfully.

There is another direction in which the training of nurses might fit them for positions which would bring them in good salaries and make them of greater use in the world than they are at the present time. I do not mean to speak for more than a minute upon the District Nursing situations that are open to such nurses, places where nurses are wanted who have had training in district nursing. Within the last few years a few schools have been started where nurses can have that training, and some of the larger schools, and some of the best, are sending out their nurses for a part of the time to work in that direction. This custom should be extended. I look forward to the time when it will be considered a necessary part of the nurse's training that she shall have had some training in district visiting nursing. That was a heresy some years ago, but happily it is now generally accepted.

Then there is the work of school inspection. That has been in operation only a few years, but within a few years more there will not be a city or a town in this country where the public schools will not have the advantage of visiting nurse inspection. There is no question that it is of great advantage to have the medical inspection, but there is also no question that the nursing visitors are of ten times the importance that the medical visitors are. The medical visitor passes around, or the pupils file before him, and he has not the time or even the right to thoroughly examine them. The nursing visitor works with the individual case, follows that individual case to the home, calls at the home of the absent child, and is able to do more good in keeping up the health of the school children than any one else can. Now, how shall nurses fit themselves to be school nurses? Of course graduates can apply for positions and any one who



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wants to do that work can try, in large cities like Boston, and perhaps be lucky enough to get an appointment; but is there any chance for the pupil nurse to find out if she likes that kind of work, and during her school career to serve as an apprentice? No, there is no such chance! Well, there ought to be! Pupil nurses ought to be allowed to go out, before they are graduated as nurses, as apprentices in these different directions. Every nurse who goes through the training school should have the opportunity to serve as an apprentice in at least one of these lines of work, and every nurse going through her course of training should have these different employments explained to her, what they mean and what chances there are open to her. Then let her have the opportunity during her course of training to elect the course of training and instruction in one or other of these different directions. I can't help thinking that if the training schools have the future advantage of their students at heart, instead of their present usefulness, they will offer opportunities to their students to be fitted for service in these different directions. And I think it would be possible for this society, through some committee that might be appointed, to consider the matter further and to correspond with the different training schools, and with the Visiting Nurses' Agency and the Social Service Agency and the School Inspecting Agency, and so on, and to arrange to offer some courses whereby nurses may fit themselves for these different services. You see, if you want to be a plumber you have got to serve as an apprentice. If you are a medical student and want to take up some special subject in the last years of your course, you must fit yourself by serving under someone who is successful in that specialty. But in most of the training schools nurses are just given hospital training which cannot fit them for these different services.

The fact is no hospital ought to have charge of an educational institution. There is no reason why the hospital should own the training school any more than the medical school. The real way, of course is to have the object of the school not the present usefulness of the student in it, but the future usefulness of the students who shall receive in it their education, and if the hospitals are to continue to have the training schools completely subordinate to themselves, then at least the hospitals

must offer some opportunities for the special education of the students who come to their schools in these different directions, where work is so much needed and where the salaries offered are much more than nurses on the average receive for private services. Many a nurse prefers a salary and regular hours and proper vacations to the chances of work that can be given her through a registry, and if the schools offered training in these different services which are so much needed, I believe there would not be such a lack of applicants as some hospitals now suffer from, and I believe more and more ambitious applicants would come to the hospital schools.

On the 25th of May, 1910, exercises will be held at the Waltham Training School for Nurses in commemoration of the twenty-fifth anniversary of its foundation.

On the forenoon of that day, from 9 to 12, the Training School, the Waltham Hospital and the Baby Hospital will be open for inspection. Opportunity will be given, so far as possible, to see the work that is being done by our nurses. From 1 until 2 luncheon will be served in the Training School. At 3 o'clock a meeting will be held in the chapel of the Universalist Church on Main street, opposite the Training School. Addresses will be given by past and present teachers of the school, by President Briggs, of Radcliffe College, and President Lefavour, of Simmons College, by Dr. L. M. Palmer and by Dr. Richard C. Cabot.

After this meeting tea will be served on the grounds of the Baby Hospital. At 8 o'clock a reception will be given at Maynard Hall by the original trustees of the school. Dancing from 9 until 12.

The Cutler House will be thrown open to graduates and to all others interested to visit it.

Miss Beatrice De Veber, principal of the Waltham Training School, went to St. John, N. B., on April 18, for a visit of a few weeks.

The bill for the State registration of nurses has been signed by the Governor. The bill was enacted substantially as originally drafted. This bill is quite different from the one first presented by the State Association. The board



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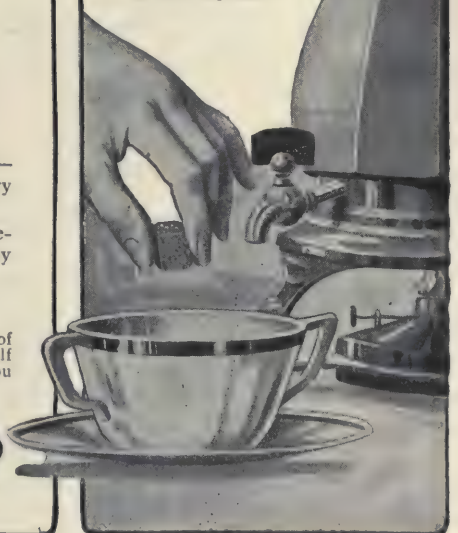
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The twenty-seventh annual report of the McLean Hospital Training School, Waverly, Mass., gives the following account of its 643 graduates: Two hundred and twenty-two women and eighty-one men are nursing, fifty-four men and five women are physicians or dentists, six women and one man are superintendents of hospitals, five are superintendents of nurses in other hospitals, and three are assistant superintendents.

Miss Sara E. Parsons McLean, '95, has been appointed superintendent of nurses of the Massachusetts General Hospital. Miss R. Helen Cleland, '89, has been appointed superintendent of the Butler Hospital, Providence, R. I., with Miss M. Balyea, '04, as assistant.

Messrs. R. McDonald, '06, and R. L. Jones, '04, are completing their medical studies at the University of Pennsylvania and Jefferson medical schools respectively.

Messrs. H. T. Harmon, '03, and C. A. Rose, '04, are also taking the medical course at the above schools.

Miss L. M. Veirstead, R. N., '00, is doing private nursing in Philadelphia, as are Messrs. John B. Savage, '00; R. C. McCall and B. L. Davis, '08; R. Sutherland and T. A. Ferguson, '06; Norman Macneill, R. N., and Iver J. McIver, '07; A. L. Littlewood and William A. Dobson, '10.

Messrs. J. H. Harvey and George Hepworth, '06, and R. D. Gunn, '07, are nursing in Chicago.

Walter J. Otis, R. N., '03, is in Minneapolis, Minn.

New York.

The graduating exercises of the Bellevue Training School for Women Nurses and the Bellevue Training School for Men Nurses were held Tuesday evening, April 26, at the Nurses' Residence, 440 East Twenty-sixth street.

The women nurse graduates are: Minnie M. Allen, Elma Beaven, Marcella Bergen, Marion Black, Maud H. Bryson, Johanna Curran, Florence E. Camps, Mary V. Clancy, Mary Corcoran, Elizabeth Davis, Hattie Daniels, Anna J. Delmore, Ann J. Drummond, Eva Emmons, Harriet Eastman, May Garth, Iva J. Godshalk, Loretta Grant, Ruth B. Givens, Mary A. Hough, Carrie Huff, Antoinetta Jaycox, Cassie January, Theodora Kohler, Eliza E. Lane, Mary McEntee, Barbara McArel, Christine McLean, Margueritte B. Major, Mary B. Miller, Lena B. Morrow, Helen G. Northwood, Cora B. Nicholson, Frieda D. Ohm, Catherine Padian, Mada S. Ratterree, Annie S. Reardon, Ethel May Randall, Alice Ratchford, Elizabeth Riggs, Charlotte G. Schultze, Rubie Thigpin, Margaret Lamb Todd, Elizabeth M. Van Horn, Anna M. Van Vechten, Jessie Worrell, Sarah Ann Weir, Bessie A. Wheaton, Vinia S. Wendelboe.

The men nurse graduates are: Walter Canfield, Maria Julia, Roy Hardstaff, Thomas Kenah, William J. Richards, Aloysius Martin, William Murray, Leo McClosky, Frederick Chrismann, William J. Neuschafer, Charles Tracy, William Marquette, Norman Mesler, Joseph Gresh, Harry Ladenheim, Joseph A. Francis, John K. Sullivan, Joseph E. Rowan, Arthur Werden, Luther Rice, Ellis Asplund, John Lamb, Jerome T. Quirk.

The commencement exercises of the Metropolitan Hospital Training School for Nurses will be held Saturday, May 21, at 4 P. M., at the Metropolitan Training School, Blackwells Island.

At the meeting of the New York County Society, held April 5, it was announced that \$2,000 had been subscribed for the Central Registry, thus making it an assured fact. It was also announced that the National Board of the Young Women's Christian Association had decided to open a club house for nurses as a two years' experiment. The County So-

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ciety will rent offices in this building for a Central Registry.

At the April meeting of the New York Hospital Alumnae Association, the advisability of having a pension fund for nurses was suggested, and a committee was appointed to look into the question.

A meeting of Camp Roosevelt, Spanish American War Nurses, was held at the residence of Mrs. A. Ammerman, 112 West One Hundred and Eighteenth street, May 5, from 3 to 5 P. M.

A reception in honor of Mrs. H. C. Lounsbury, president of the Spanish American War Nurses, will be held at the residence of Miss A. Charlton, 596 Lexington avenue, Tuesday, May 17, from 3 to 5 P. M.

At the monthly meeting of the Buffalo Nurses' Association, held at the Women's Union, and presided over by Miss Nellie Davis, the association voted to withdraw from membership in the New York State Federation of Women's Clubs.

Reports were given by officers and chairmen of standing committees, that of the treasurer stating that the association has on deposit in its endowment fund about \$3,000.

Miss Nellie Benton, superintendent of the Homeopathic Hospital, was unanimously elected to membership in the association.

During the afternoon a paper prepared by Miss Mabel Jacques on "The Tuberculosis Movement in Buffalo," was read by Miss Steele, of the day camp. The annual meeting of the association will be held in June.

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Connecticut.

The regular monthly meeting of the Alumnae Association of the Connecticut Training School for Nurses was held May 5. A lengthy discussion in regard to the instructions of the delegates to the National Convention was taken up and voted upon. Mrs. Fleischner, as a committee, gave a partial report of plans for the annual meeting and dinner to be held June 2, at which time the names of the new officers, also all committees for the new year, will be given. The price of the

dinner will be one dollar per plate. Please notify Mrs. Henry Fleischner, 928 Grand avenue, New Haven, if you intend to be present at the dinner.

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New Jersey.

The regular meeting of the Alumni Association of the Paterson General Hospital was held in the hospital building on April 12. After the usual business Miss Carmichael gave a report of the meeting of the State Association, which was held in Passaic on April 5. This was followed by a general discussion on "State Registration." Four new members were accepted.

A nurses' registry has recently been established at the Mountainside Hospital, Montclair. Any graduate of the Mountainside Hospital in good standing and resident of Montclair will be allowed to register free of charge.

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Pennsylvania.

At the May meeting of the Nurses' Alumnae of Howard Hospital, Philadelphia, the following officers were elected for 1910-11: Miss Hettie MacNab, president; Miss Ellen Mitchell, vice-president; Miss Viola Woodward, treasurer; Mrs. Lesley K. Roller, secretary.

Mrs. Caroline Price has resigned her position as chief nurse of the Southeastern Dispensary for obstetrical cases, to take up private nursing. Miss Florence Biddle has been appointed to fill the vacancy.

Miss Judith Houghton has been appointed housekeeper at Howard Hospital, having resigned her position as chief operating room nurse at Orthopaedic Hospital.

Miss Mary Gallagher has been appointed head nurse in ward, St. Frances Hospital, Pittsburg, Pa.

Miss Ellen Mitchell and Dr. H. M. Righter have purchased Delancy Hospital, Philadelphia, Miss Mitchell superintendent.

The commencement exercises of the Philadelphia Lying-in Charity Nurse School was

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is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

held at the New Century Drawing Room, May 10, at 8:15 o'clock. Nine young women received diplomas, which were presented by President G. Colesberry Purves to Miss Clara B. Steinmetz, Mrs. Susie J. Kirkpatrick, Miss Eleanor L. Dills, Miss Martha S. Groff, Mrs. Ethel F. Herity, Miss Bessie S. Erb, Miss S. Thelma Wadnek, Mrs. Laura B. Cleaver, Miss Edna E. McCormick. Miss Clara B. Steinmetz received the gold medal for best examination, presented by the medical staff.

The alumnae association of the Pittsburg Training School for Nurses, homeopathic, held its twentieth annual meeting in the chapel of the old hospital on the afternoon of Friday, April 16, 1910. The following officers were elected: Mrs. William S. McCreight, president; Miss S. Belle Jones, first vice-president; Miss Elma Gillette, second vice-president; Miss Williamina Duncan, secretary; Miss Mary E. Cline, treasurer, and Mrs. Florence H. Burgess, of the Gaylord Farm Sanatorium, Wallingford, Conn., was elected delegate to the Associated Alumnae Convention.

Married at the home of her parents, Mead street, Wilkes-Barre, Pa., Wednesday, April 6, 1910, Harriet B. Gebson to Dr. L. S. Johnson, of Chicora, Mississippi. Mrs. Johnson is a graduate of the State Hospital Training School for Nurses, Scranton, Pa., class of 1904. Since her graduation she has held a position as assistant superintendent of the State Hospital Training Schools. She was president of the alumnae association at the time of her marriage. Dr. and Mrs. Johnson will be at home to their friends after May 1, 1910, at Chicora, Miss.

The regular monthly meeting of the alumnae association of the State Hospital Training School for Nurses was held at the State Hospital, Thursday, April 14, 1910. Meeting called to order at 3:30 p. m. by Mrs. Coppinger, president pro tem. Nine members were present. Minutes of the last meeting were read and approved. Treasurer's report read and accepted. A rising vote of thanks was given to Miss Mary Tigie, chairman of Arrangement Committee, for the banquet held

at the Hotel Jermyn, March 15, 1910, which was a great social success. Miss Harriet Gibson, president of the association, tendered her resignation, which was accepted. A vote of thanks was given in token of our appreciation of her faithfulness during the past. Mrs. Coppinger was elected to fill the vacancy.

The following names were proposed for membership: Misses Rachel Davis, Annie McCoy, Emma Smith and Annie Speecher. They were accepted.

An interesting letter from Mrs. Lewis, describing her work among the Chinese, was read by Miss Saul. On motion, meeting adjourned.

The Alumnae Association of the Philadelphia Lying-in Charity Hospital held its monthly meeting at the hospital on Thursday afternoon, May 5, 1910, at 4 o'clock, Miss May Wright the president in the chair. Eighteen members were present. Three new members were elected to membership in the association. The association makes at least one annual gift to the hospital, and at this meeting it was decided we give \$10 to the hospital and a punch bowl and glasses for use at social functions given at the hospital.

The graduating class of 1910 of this hospital will be given a reception in the lecture room of the hospital by the alumnae association some evening during the first week in June. The association will place a flower on the grave of Mrs. Woodley (Mother Woodley, as she was called), an army nurse, on Decoration Day. The meeting adjourned after enjoying coffee and sandwiches served by Miss C. Tallman, superintendent of the hospital.

The Training School for Nurses of the Western Pennsylvania Hospital, Pittsburg, will hold graduation exercises at Conservatory Hall, Tuesday evening, May 24, on which occasion diplomas will be presented to Miss Lola Kathryn Stillwagon, Etta Courtwright, Elizabeth Pansy Campbell, Malinda Bird, Rose Fenney Schampel, Ada Mabel Gregg, Harriet Mae Collins, Christean M. Smith, Zula B. Conn, Elizabeth Hill Black, Genevieve Magdalena Rence, Blanche Hankey, Iva Josephine Bishop, Nannie Cline and Caroline L. Pilcher.

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is of unequalled value, for it sharpens the appetite, increases digestive power and materially augments the whole bodily nutrition. ¶ Thus lactation is promoted naturally, with not only substantial benefit to both mother and child, but with complete avoidance of every ill effect.

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When you write Advertisers, please mention THE TRAINED NURSE.

At the end of the second section of the Fall term, 1909, the following students received their diplomas at the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa.

In the Swedish system of massage, medical and corrective gymnastics, electro and hydrotherapy:

Helen M. McGibbon, Newport, R. I., graduate Newport Hospital, Newport, R. I.

Mary Eliza Foss, Saco, Maine, graduate Massachusetts General Hospital and Boston Lying-in; head nurse at Massachusetts General Hospital and assistant to the superintendent at Baptist Hospital, Roxbury.

Alma Eveleth Wrigley, Pasadena, California, graduate Philadelphia General Hospital (Blockley).

Ellen McHugh, Boston, Mass., graduate Boston City Hospital.

Anna M. L. Teggart, Montreal, Canada, graduate Rotunda Hospital, Dublin, Ireland; night nurse Dr. Gardner's Private Hospital, Montreal.

Margaret Rose Currie, Philadelphia, Pa.

Anna E. Steigerwald, Baltimore, Md.

Ernest E. Ware, Rockford, Ill., graduate Mills Training School, Bellevue Hospital, New York.

Wilbrod B. Dalpe, Washington, D. C.

In the Swedish system of massage, medical and corrective gymnastics, and hydro-therapy:

Mary Elizabeth Lindberg, Parkesburg, Pa.

In the Swedish system of massage, medical and corrective gymnastics:

Huldah A. Peffal, Philadelphia, Pa., graduate of the University of Pennsylvania Hospital.

+

Michigan.

The State Board of Registration of Nurses will hold an examination of applications and applicants June 22 and 23, at the Capital, Lansing, Mich.

The commencement exercises of the twentieth graduating class of the Grace Hospital Training School for Nurses will be held May 18, at Chaffee Hall, at 8 p. m. The address of the evening will be delivered by Bishop Charles D. Williams. The presentation of diplomas will be by Dr. Oscar Le Seure. Dr. S. H.

Knight will present the pins. There will be also a very fine musical programme. Those to receive diplomas are Miss Margaret E. Simpson, Miss Imogene A. Clark, Miss Ida M. MacIntosh, Miss Annie Christine Rendrick, Miss Lillian May Armstrong, Miss Mary Margaret McBay, Miss Norma C. Samson, Miss Minnie Grace McGregor and Miss Rubie June Wisner.

+

North Carolina.

The Board of Examiners of Trained Nurses of North Carolina, will meet at Wrightsville Beach, Seashore Hotel, June 21, 1910, and continue in session three days.

+

Married.

Miss Ida Farrar, graduate 1902 of Post Graduate Hospital, Chicago, and Chicago Lying-in Hospital, was married in St. Paul, Minn., March 2, 1910, to Thomas C. Macnabb, B.A., C.E. Mr. and Mrs. Macnabb will live in Western Saskatchewan, where Mr. Macnabb has charge of some railway construction for the C. P. R.

Resolutions.

Died, at her home in Jeanette, Pa., March 22d, 1910, Mrs. Grace Roberts Calwell, a graduate of the Kane Summit Hospital Training School for Nurses, class of 1904:

Whereas, It has pleased Almighty God to remove from amongst us our beloved associate, Mrs. Grace Roberts Calwell, one of our most esteemed and useful members, one who was ever willing to help in the work of the association; therefore, her loss will be deeply felt by its members. Therefore, be it

Resolved, That the members of the Alumni Association of the Kane Summit Hospital Training School for Nurses tender to the husband and relatives of our deceased member their heart-felt sympathy. Be it further

Resolved, That a copy of these resolutions be sent to her bereaved family, placed on the minutes of this association and published in the TRAINED NURSE.

KATHRYN ROONEY,

BESSIE MCINTYRE,

AGNES CRAWFORD,

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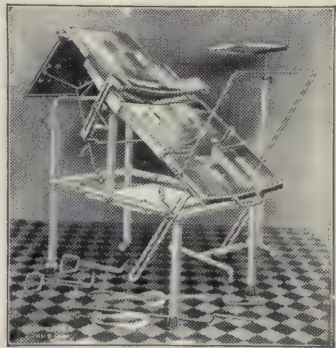
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Horlick's Malted Milk one tablespoonful, water to make a cup, sugar sufficient to sweeten, essence of vanilla ten drops. Serve hot.

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Carbenzol (in ointment form) is curative in fissure and *fistula in ano*, and gives excellent results in gynecologic practice—metritis, cervicitis, vaginitis, gonorrhea, etc. It may be applied on tampons or swab, in full strength or diluted.

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Why? Because!

By reason of its exceptional antispasmodic and tonic influence on the entire reproductive system, Ergoapiol (Smith) is of especial value in instances where a debilitated state of the pelvic viscera is the sole or a contributing cause of the distress attending each catamenial visitation.

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In the treatment of cases of this kind a stimulant to the brain and nervous system is imperatively demanded. Most excellent results have followed the administration of Horsford's Acid Phosphate for the prostration and nervous derangement consequent upon sunstroke.

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Sal Laxa is a palatable effervescent salt of unusual merit. Recommended in gastro-intestinal and hepatic torpor of all forms. Invaluable in the treatment of uric acid and gouty conditions, as well as sub-acute and chronic rheumatism. Especially effective in all functional gastro-intestinal disorders referable to indiscretion in food or drink. Delicately flavored, readily soluble, prompt, reliable and thorough in action. Prepared by Sharp & Dohme, Baltimore, Md.

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A Marvel of Efficacy.

It is but just that I should attest my satisfaction with the use of Resinol Ointment. It is a marvel of efficacy in pruritus ani. Also in relief of soreness due to the irritation of the discharge from acute nasal coryza it acts like a charm. J. H. THOMPSON, M. D.,

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Entertainment.

The Alumnae of Dr. Gudrun Holm's School of Medical Gymnastics and Massage invited their friends for a unique and interesting social evening at the school, 61 East Eighty-sixth street, New York City. A lecture on Denmark was followed by Scandinavian songs and music.

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Unguentine for Burns.

"I am very highly pleased with the results obtained from use of Unguentine and would not be without it. I use it on all raw surfaces desiring an antiseptic, healing and soothing effect, such as cuts, bruises, burns, ulcers, etc. It is the best thing I have ever used."

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ELDRIDGE L. ELIASON, M.D. (Instr'r Univ. of Penna.)

LOUIS H. A. VON COTZHAUSEN, Ph. G., M. D.
(Graduate Phila. College of Pharmacy, Med. Dept.
University of Penna., Penna. Orthopaedic Institute).

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

MAX J. WALTER (Univ. of Penna., Royal Univ.,
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ley), Mount Sinai and W. Phila. Hosp. for Women,
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HELENE BOKSDORFF (Gym. Ins., Stockholm, Sweden).

LILLIE H. MARSHALL } (Pennsylvania Orthopaedic
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After even simple surgical operations patients are almost always menaced by the manifold complications that are superinduced by the nervous or more or less debilitated state that is inevitable. Tonic treatment is always indicated, and nothing at a surgeon's command will give more substantial satisfaction to all concerned than Gray's Glycerine Tonic Comp.

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Accouchment pad, 60 cents; receiving blanket, 20 cents; stockings, 1 pair, 40 cents; abdominal binder, 30 cents; breast binder jacket, 40 cents; T. binder, 15 cents; muslin for binders, 3 yards, 25 cents (the above made of unbleached muslin, washed); gauze, 5 yards, 30 cents; sponges, abs. cotton, 35 cents; abs. cotton, 1 lb. roll, 35 cents; gauze strips for packing, 10 cents; vulva pads, 4 dozen, \$1.25; umb. dressings, 1 dozen, 20 cents; umb cord tape, 10 cents; applicators, 1 pkg., 5 dozen, 25 cents; rubber sheeting, 1x1½ yards, \$1.50; 1 quilted pad, 80 cents; hand brush, 10 cents; catheter glass, 15 cents; douche point glass, 15 cents; enema point glass, 10 cents; total, \$8.00.

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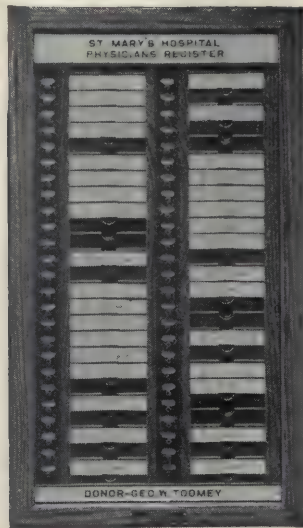
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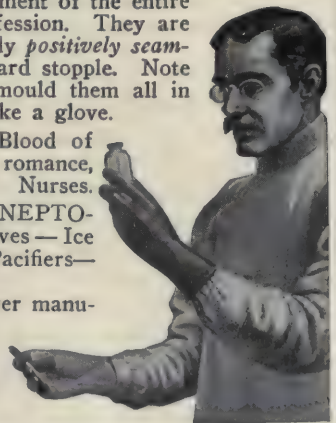
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While the strengthening properties of cocoa are recognized by medical men and trained nurses in general, it is well known that the different makes vary widely in nutritive quality, digestibility and degrees of purity. After being manufactured and used in every country in the world for over sixty years, Maillard's Breakfast Cocoa has proved its claim of superiority and peculiar desirability as a food-drink for invalids and convalescents.

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The antiseptic and detergent properties of Listerine Dermatic Soap prove beneficial in the treatment of sores, ulcers, cutaneous inflammations and eruptions; in combating parasitic diseases, diseases of the sudoriparous and sebaceous glands and hair follicles, as well as for the relief of excessive and offensive perspiration. Abrasions of the surface of the skin—chafes, cracks or fissures—due to thermic effect, such as extreme heat or cold, readily yield to its curative properties.

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Our Summer Term.

Owing to the considerable number of nurses who desire to put the Summer months to the best possible advantage in taking additional courses of instruction, the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Inc.), Philadelphia, Pa., will again this Summer give two classes in the Swedish system of massage, medical and corrective gymnastics, electro- and hydro-therapy. The Summer term opens July 12 and the Fall term September 21. Each term lasts three months.

The R. R. R. Thermometer Set.

This ingenious assembling of all the thermometers ordinarily used by the nurse—mouth, rectal and bath—in a compact and attractive combination case, will be welcomed heartily in professional circles. This is particularly true since the accuracy and reliability of the instruments are vouched for over the stamp of the R. R. R.—a stamp that is daily becoming more and more widely recognized as the stamp of superiority in professional supplies.

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"Record" Hypodermic Syringe.

Those nurses who have not yet acquainted themselves with the "Record" Syringe should send a postal card to the Valzahn Company, 1629 Chestnut street, Philadelphia, Pa., and get their descriptive catalogue.

This new syringe has no packing and is made entirely of metal and glass. It never fails to do the work and empties itself completely, thus giving the patient the full benefit of the prepared dose. It can be sterilized easily, and is in every respect a perfect syringe.

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Passiflora as a Stomach Sedative.

I am convinced that Passiflora (Daniel's), under certain circumstances, is a direct sedative to the stomach. On one occasion a patient had been on a spree for some days. He could not sleep and suffered severely from a persistent hiccough. I gave him teaspoonful doses of the Tincture of Passiflora every hour. This stopped the hiccough in a short time and gave him a good night's sleep, from which he awoke in the morning refreshed and in a condition to resume his daily toil.

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As a trained nurse you know that all around you there is a criminal neglect of dust cleanliness. You must awake to the terrible consequences of your indifference to this vital question. You cannot—and must not—longer be deaf to the dictates of common sense.

The Duntley Manufacturing Company have made it possible by the use of the Duntley Pneumatic Cleaner to banish forever this

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The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1908 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and co-ordination exercises.

The instruction will occupy about seven months, beginning in October, 1909. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechano-therapy or separately.

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awful dust scourge, and to vanquish man's silent though most insidious enemy—germ-laden, soot-laden, disease-laden dust. Write us to-day and find how easy we make it for you to own a Duntley Pneumatic Cleaner.

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The Coca-Cola Company has filed with the Department of Agriculture in Washington a written guarantee that its product does not contain any ingredient prohibited by the National Food and Drugs Act of June 30, 1906. If this guarantee were not true it would have been impossible for the company to have continued business under the operation of the Federal laws, for every sale of Coca-Cola made would have subjected its manufacturers to prosecution and to the payment of heavy penalties.

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The essentially devitalizing influence of the morbid agent in typhoid, grippe, pneumonia, etc., is exerted primarily and principally upon the blood itself, and a readily tolerable, promptly assimilable and thoroughly efficient hematinic, such as Pepto-Mangan (Gude) is always serviceable and valuable. As Pepto-Mangan (Gude) is palatable and non-irritant, it exercises no disturbing effect upon appetite or digestion—in fact, it increases the desire for food, and by its general tonic action assists in its absorption and assimilation.

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Caffeine Stimulation.

The habitual use of coffee or tea produces a condition of the nervous system similar to that of the more powerful drug addictions. There is a confusion of mind, coldness of skin and extremities, irregular heart action and a general malaise which the individual, as a rule, ascribes to some other than the true cause.

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Editor

ANNETTE SUMNER ROSE

LAKESIDE PUBLISHING COMPANY
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Exclusive publication must be insured to all contributions offered to the Editors. Rejected manuscripts will be returned if stamps be sent for this purpose.

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No responsibility is accepted by the Editors or publishers for the opinions of contributors, nor are they responsible for any other than editorial statements.

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The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

Important Notice.

We regret that we must again call the attention of our contributors to a matter which has been so often repeated in these columns that it should not be necessary to mention it again. We refer to our rules regarding contributions to our Letter-Box Department.

We welcome a sincere and courteous expression of opinion on all questions, and on all sides of a question, but these letters must be accompanied by the name and address of the contributor. *In no case will an anonymous communication be published in this magazine.* On the other hand, the editor will always respect the wishes of a contributor who does not wish his or her name to appear, and will keep absolute good faith with the contributor in this regard. But the editor must have the name and address of the one asking for the publication of a letter on any subject whatsoever. We have received a number of letters recently without name or address, but we regret that these cannot be published unless the writers comply with our rules.

+

Also Worth Noting.

We also wish our readers to note that there is a new want column in this issue not situated in juxtaposition to the three want pages at the very end of the advertising section. This column will be found in about the middle. We trust our readers will not overlook it.

In fact we take this opportunity to call your attention to the advertising in general, which, we insist, is quite as valuable as the reading matter when properly used.

Will you do your best to send us new subscriptions? It is worth your while, both directly and indirectly—directly, because you get a premium for every subscriber you send us. Indirectly, because the more subscriptions we get the more we will give with each issue, consequently the more you as a subscriber and the profession as a whole will benefit with our growth.

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is the hygienic secret of many a healthy, luxuriant head of hair. The quality and special character of the ingredients of this pure, pine-tar soap adapt it as specifically to the ordinary as to the extraordinary needs of the hair and scalp.

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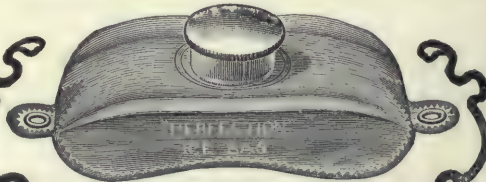
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The Trained Nurse and Hospital Review

VOL. XLV.

NEW YORK, JULY, 1910.

No. 1

Nursing*

JOSEPH B. BISSELL, M.D.,

Professor of Surgery in the Medical Department of Fordham University, Surgeon to Bellevue and St. Vincent's Hospitals, Consulting Surgeon to Hospital for Deformities and Joint Diseases.

ATTENTION to details is one of the essentials to success in your calling, and in mine, too, for that matter. The small details mean much to the patient; they mean more to you.

All the rest of your life will be devoted to work, and if you are wise, you will occupy a part of it in study, not necessarily in the study of books, but in the study of humanity as it comes before you—sick, suffering or well humanity, in its various phases, good and bad, saint or criminal, under such circumstances and conditions as it is given only to nurses and physicians to see.

A writer opposed to the three years' course of hospital training for nurses asserts that the average length of the trained nurse's life is only ten years, and uses this as an argument against the present length of time which the nurse has to give up to the hospital training school. He thinks that three years' preparation for a ten years' vocation is unreasonable and unnecessary. To me the argument appears a good one. It may interest us to consider for a moment what becomes of a nurse at the close of those ten years.

Their ranks are depleted as follows:

1. By matrimony, many marrying a patient, a doctor, the patient's brother or father, and not infrequently the consolable widower, all of which may or may not be commendable, but is not conducive to continuing as a nurse.

2. By illness, previously inherent in the system and excited by the hardships and exposure of hospital labor.

3. By death, brought about by the severe and unaccustomed duties of nursing, or coincident only.

4. By promotion. Many of our New York pupils become superintendents of new schools throughout the country, or take a place in an executive capacity in private institutions.

5. There are those who drop out and go into other occupations, or owing to changed circumstances or conditions, or the changed views of relatives, return to the homes they probably never ought to have left.

Health, and robust health at that, is almost as necessary to a trained nurse as steam to a locomotive, without which neither can go far. A nurse who is frail or weak or has constitutional tendencies

*An address delivered before the Nurses of St. Vincent's Hospital and contributed to The Trained Nurse.

toward illness had better face the situation squarely and bravely early in her career. Success in nursing is not for her.

Neither is it for her who does not appreciate the seriousness of her choice of a livelihood, and who has ulterior motives in taking the hospital course. To both these I would say, even if you have been graduated, give up the work of nursing; you will very likely discredit it and yourselves.

I would suggest as the first essential that you fall in love with your work after graduation. You are no longer under the discipline and direction of stern and unyielding authority, perhaps rebelled against, but invaluable to you because it is authority and to be obeyed.

In place of this authority, set a standard for yourselves, set it high. You may never reach it, but it will stimulate you to try, and because of it you will strive and persevere and succeed. Upon such effort your success depends. The more you try the better you will do and the better nurses you will be.

Don't set your standard beyond being a nurse; you are not a doctor nor a detective, and it is not intended that you shall in any way take the place of the one or the other.

Don't undertake, because you think the physician in the case is giving the wrong drug, either through ignorance or criminal or murderous intent, to give an antidote or play the spy. There is a proper course for you to pursue in such cases.

The occupation of nurse is an honorable one, next, perhaps, to that of the sister of charity, the earliest type of trained nurse.

Nursing implies the exercise of an acquired proficiency in certain more or less

mechanical duties, and in this respect can attain almost to an art. The art consists in the ability to make an ill person comfortable in bed, also in carrying out the orders of the doctor, as completely as can be done without friction, and to the satisfaction of all the interested persons.

You must be quick-witted, a good observer, conscientious, resourceful, of good judgment, diplomatic, and above all you must adjust yourself satisfactorily to the domestic arrangements of the family in which you are placed.

In addition, if a surgical nurse, you must know how to clean your hands, the patient's wounds and skin, the instruments, prepare the room and the dressings, solutions, etc., again with the least disturbance to all concerned.

When you take the pulse, temperature and respiration, do it gently, pleasantly and firmly; not aggressively nor perfunctorily, but as things to be done to help the patient, and as if you liked to do them for that reason.

An agreeable voice in the sick-room is a valuable asset; you must have it; cultivate it if you haven't it.

Your manners are important; the people you are with will expect refined manners of you. Manners may not make the man, but they will go a long way toward making you a successful nurse.

Strive to be tactful to your patient; remember a sick man's character is changed, that the normal restraints are weakened and many frailties that good health hides are exposed when he is ill. Patience and tact will look beyond the present to the future. Don't sham a feeling or a pretense that you haven't got.

The faculties of the sick are often very

acute and the patient will see through you to your discomfort if you do.

Ever strive to improve your knowledge. There is no reason why you should not be cultivated. Socrates was a stone cutter, Plato an itinerant seller of oil; the modern American philosopher, Thoreau, was a laborer.

You can cultivate coarseness or refinement, ignorance or intelligence. Choose the better part, enhance the value of your personality and your chances of success will be increased thereby.

There are unpleasant things in your chosen life work, but do them; there is drudgery in it, there ought to be; there are hardships in it, there ought to be; the experience is invaluable and develops your persistence and courage.

Drudgery keeps us to our duty, it makes for strength of mind and determination. All this is the discipline which brings out character. Character means success. A strong character based on experience, determination and courage will never fail.

Emergencies you will meet steadily and coolly; for that purpose you are a trained nurse. But after all don't expect your nursing life to consist of emergencies. Life is made up of the little hardships and difficulties. The patient looks to you for relief from the tedium of bedridden existence, painful position, uncomfortable headaches, lame muscles, mental pin pricks, the irritations of a fretful mind.

If for any reason or diversion you shirk your work, you are a false nurse. False to your patient, false to your calling, false to the community which by implication you agree to serve, false to

your moral obligations, false to yourself.

Do your work thoroughly and honestly, do it as if you were proud of it; be proud of it. Don't do it for the material reward alone, although that is a reason not to be depreciated. "The laborer is worthy of his hire." Believe that because of what you do humanity is being improved, and the world is the healthier for it.

We who live now are debtors to our ancestors; let us pay in a little part in this way our debts to those who have preceded us, who worked for us in living honest and self-denying lives, and made ours the better and the happier for this inheritance. We owe it to society to return what little we may by our unselfish service to our fellow beings.

So you are to place a moral value on your service in addition to the pride you take in it, as well as the substantial results which it will bring you.

Steadily keep in view then the moral duty to that society in whose complex life you are no unimportant part. The humble worker like yourself and myself is the elemental worker, and it is important that you do your duty gladly, cheerfully, willingly and purposefully, knowing that every stroke of work helps to brighten the burdens of life and make this great world that much the better.

Wherever you work out your appointed lot, whether as the head of a training school, general of a division, so to speak, or a humble soldier in the ranks, do it proudly, reverently and faithfully.

"Act well thy part, there all the honor lies."

For the Saving of the Babies

CHARLOTTE A. AIKENS.

IT is nearly eighteen years since Nathan Straus began in New York his memorable campaign against impure milk, and since that time the establishment of milk stations in congested centres of population in the great cities has gone steadily on. It is one of the many lines of philanthropy in which private individuals or associations lead the way, demonstrate by a practical experiment what can be done, and how, when the experiment succeeds, and is clearly shown to be for the public good, it is practically certain in turn to be undertaken by the city and carried forward on a much larger scale.

Having decided that the work needs to be done, and on the best way to attack the problem, the next step is the raising of funds. The sale of milk can be depended on for a part of the funds needed, but other means have to be used to meet the expense of establishing the stations, providing ice, literature, and the salary of the nurse or nurses, who are important factors in the movement.

Public opinion is tending more and more to demand "pure" milk, in preference to "purified" or pasteurized milk. The so-called pure or "certified" milk is not always a possibility. It costs a good deal to produce it. Briefly stated, the requirements laid down by medical scientists for "certified milk" are about as follows: The cattle must be healthy. As a rule the tuberculin test is insisted on, and all known means to determine the physical condition of the animals are used. Milk should come from a herd rather than from a single cow. The

food and water of the cattle producing the milk are important considerations. Distillery slop, and other such food, which causes the milk soon to decompose is forbidden. Foul water must not be allowed, and certain precautions regarding changes from dry feed to grass must be observed.

The cows must be curried and cleaned regularly, so that no particles of hair or loose dirt of any kind may get into the milk during the milking process. The hands of the milker must be clean, and clean, washable garments worn during milking. The udder of the cow must be washed just previous to milking. Specially constructed milk buckets, with a small opening are used, and this opening is covered with several thicknesses of sterile gauze. The milk must not be allowed to stand in the stable till the herd is milked, but is carried at once to the separator, which must be kept in a detached dairy house.

Immediately after the milk passes through the separator (a standard percentage of fat is provided for) it is put in a cooler and quickly reduced to a temperature of 45° F. It is then placed in sterile bottles, is capped with a dated cap, and packed in ice for shipment. Every garment, bucket or utensil coming in any way in the neighborhood of the milk, must be sterilized by steam before using. This is the ideal toward which medical men and health boards are working.

A great variety of methods of raising funds for the work of pure milk stations have been tried. All such move-

ments as a rule start in a modest way with an equipment which is striking because of its simplicity. Given an organization under whose auspices the work of providing pure milk for the babies is to go on, and sufficient funds in hand are guaranteed to see the experiment safely through one season, and the work begins usually in one of the densely populated sections of a city. It is a help in the beginning, when the aims and plans of the milk station are not well understood by those who most need to patronize them, if an institution of some kind—hospital, dispensary, mission, settlement or institutional church—can be induced to lend a vacant room and the co-operation of one or more workers till the new work becomes established. This applies especially to work carried on by a new private organization. The Health Department in a number of cities has led in the work for the babies. Rochester, N. Y., has for long been conspicuous for the efficiency of its Health Department in this line of work, and the story as told by Dr. Goler, the health officer, of the modest beginnings of its work, is full of interest.

"This is the way we began our work ten years ago," writes Dr. Goler. "A pamphlet of eight pages was published in English, German, Italian and Yiddish, containing, in the simplest form, the chief points relating to the care and feeding of infants. It was entitled: *'How to Take Care of Babies During Hot Weather.'* Across its face in large red letters was printed, *'Give the Baby Water.'* In type large and distinct were these two sentences: 'No other milk, no other food, not even a wet nurse can take the place of milk from the child's own mother.' 'Don't feed bananas, candy, popcorn, sugar or anything else

but milk unless told to do so by your physician.'

"The headings of the pamphlet were:

"'TO KEEP A BABY WELL.

"'1. Give it pure air day and night.

"'2. Give it no food but mother's milk, milk from the bottle, or food directed by the physician.

"'3. Whenever it cries, or is fretful, do not offer it food. Give it water.

"'4. Be sure that it gets enough sleep, two naps during the day at least.

"'5. Do not put too much clothing on it.

"'6. Bathe it in a tub every day.

"'7. Don't handle it; let it alone.'

"These headings were briefly discussed in the body of the pamphlet.

"Then we started a milk station in charge of a trained nurse, with a woman assistant. In one of the most densely populous portions of the city, a vacant store was rented. Behind a rough counter a large sink was installed and the necessary table, racks, etc., were erected. An oil stove furnished heat for the apparatus in use. Milk was procured from what the milk inspectors thought to be one of the best farms in the vicinity. It was prepared and sold at cost, varying from two four-ounce bottles for one cent, to one cent each for eight-ounce bottles. A deposit of three cents was required on each bottle and rubber cork. In the first instance, the mother or nurse was required to come to the milk station and bring the baby, where, in the absence of a physician, the baby was weighed, and a milk mixture prescribed according to the weight of the child and not according to its age. The nurse talked with the mother about the air, water, food, sleep, recreation and clothing of her child, using the little pamphlet as her guide; and then, giving

the mother one of the pamphlets, called attention to the care of the child as there directed. * * * We conduct our milk station work from July 5 to September 1, that being the time of year when babies most require clean milk. Each station is in charge of a trained nurse, who is provided with a table, chairs, scales for weighing the baby, a supply of pamphlets, paper and twine for wrapping up milk bottles, and a large refrigerator kept well stocked with ice."

The average cost per year of this work in Rochester has been \$1,000.

In New York City the "Summer corps," so-called, was begun as far back as 1876, when a staff of physicians was appointed to serve for the Summer months, their services being offered to sick babies without medical care.

Personal instruction of the mothers, which is now regarded as of as great or greater value than anything else in the work for the saving of the babies, has been gradually developed. Within the past couple of years it has been carried out according to definite and comprehensive plans, its main purpose being to keep the baby well. Last year the Division of Child Hygiene of the Department of Health was created, and it was made possible for the preventive work to begin on April 15, instead of in July as previously. This comprehensive plan of education resulted in a decrease, in 1909, of twenty per cent in the death rate of babies under two years of age, as compared with the previous year.

Each nurse is assigned for duty to a definite district, and a scheme of co-operation between different agencies was arranged which prevented overlapping of territory and conflict in work. Speak-

ing of the necessity for co-operation and consolidation of all existing agencies as an essential to success, Dr. Thomas Darlington, late Commissioner of Health of New York City, says: "It has previously been comparatively common for mothers to be visited by nurses or agents from four or five different agencies, distributing as many forms of printed instructions, sometimes conflicting, and generally bewildering to the over-visited woman. The loss of total efficiency is evident. This year five different agencies have volunteered the services of nurses who have worked under the direction of the Health Department. It has a staff of its own numbering 141."

Of all agencies laboring in behalf of the babies in New York City, the Association for Improving the Condition of the Poor has been among the most aggressive and efficient. Through its effort, the New York Milk Committee was organized, successfully launched, and financed in its early stages until it had demonstrated its usefulness and the time had come for it to become a separate and independent organization. This association has a well-defined educational policy, which has been adhered to with encouraging success for years, and which has been an inspiration to social workers in centres far from the metropolis. Junior Sea Breeze, its city camp for sick babies, has for four years been one of the important centres for such work.

In Cleveland, the Babies' Dispensary and Hospital has within two or three years developed a work of no small proportions. In the Summer of 1909 it conducted four branch dispensaries for babies, an outdoor ward, and has carried on the work of providing the pure milk necessary. The story of its work

with and for the babies is as interesting as a fairy tale, and far more profitable reading than any such tale.

In Indianapolis systematic work for reducing the number of deaths of babies due to diarrheal diseases has made a splendid beginning in the organization of the Pure Milk Commission, and has at least two seasons of work to its credit.

The movement grows steadily. Summer work is only a step to all-the-year-round work, for those who have most experience with the problem realize and admit that "putting forth our efforts to combat the diarrheal diseases of infancy at the time when they are at their height is but a partial move in solving the problem."

"In the reduction of infant mortality," says Dr. Darlington, "and in the campaign for child health, many and diverse factors are concerned. Proper housing, sanitation, including ventilation and fresh air; the diminution of the evils of

congested living quarters, a pure water and milk supply, pure food and hygienic personal habits must receive attention. Sanitary science has placed at our disposal the knowledge requisite for combating these evils; but corrective or repressive measures can never be wholly effective, and preventive means can succeed only if people as a whole are receptive and possess a spirit of co-operation. This can only be attained by means of widespread education of the masses. In all large communities, the poorer element of the foreign-born population presents the greatest problem encountered in municipal health work. Diversified in their habits, often superstitious, and resentful of any interference with their mode of life, oppressed by poverty, frequently ignorant or neglectful of the simplest sanitary requirements, their assimilation as citizens of their adopted country comes only as a result of education, persistent, inclusive and never ending."

Practical Points

Dr. J. F. Edwards, superintendent of the Bureau of Infectious Diseases, Pittsburg, advises all persons who cannot afford to own a refrigerator to adopt this plan for a simple home-made ice box, which will preserve a five-cent cake of ice from twenty-eight to thirty-two hours:

An ordinary wooden soap box with a lid; two tin pails, one five gallons and the other three gallons; a bucket of sawdust and a bundle of newspapers.

Place the larger pail inside the box and pack the space between the pail and the sides of the box with sawdust or newspapers. Place the smaller pail with a piece of ice inside the larger pail and fill it half full of

water. The bottle containing the milk is placed inside the smaller pail.

The lid of the box is covered with several layers of newspapers and kept on the box.

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A well-known orthopedic surgeon says: Regarding "plaster of Paris bandages," the water for immersing the bandages should be hot if it is desired that the plaster set quickly, and cold when the opposite is wanted. Salt will hasten the process. The padding for plaster of Paris splints should be the best quality of ordinary cotton. Absorbant cotton should never be used under plaster of Paris bandages. For jackets, stockinette or neatly fitting shirts are best.

Seventh Day Adventist Nurses

JAS. D. MONTGOMERY.

THERE are nurses and nurses—nurses good, bad and indifferent. To the first named class of nurses we trust the readers of *THE TRAINED NURSE* belong. In fact it is difficult to long read a journal of this kind without at least making some improvement. That is why we take it. And then we have male nurses and female nurses; religious nurses and nurses that are not so religious; nurses registered and unregistered; trained and untrained; graduate and "practical." Then, besides all these, we have with us the denominational nurse, who is, we hope, not entirely distinct from all the others in personal qualifications, but is somewhat different from all, in that she is controlled and paid by some denomination, or church. It is of this class that I desire to write at this time. Not that I care to discuss the denominational nurse as a class, or as a whole, but the nurses of the Seventh Day Adventist Church in particular.

Who are they? What are they? Wherein do they differ? How do they work? are questions that remain unanswered in the minds of many and it is my intention to answer some of these questions in this article.

1. "Who are they?" They are nurses trained in the sanitariums of the S. D. Adventist denomination. There are about one thousand of them in actual employment in the various sanitariums of the denomination at the present time, including undergraduates. There are probably that many or more that have been sent out to do work in home and foreign mission fields or to work inde-

pendently. These 2,000 or more nurses are scattered all over this country, in Europe, and in the various mission fields of the world.

This is not at all a large company of nurses, speaking in the comparative sense. There are as many or more nurses as this whole company in many of the large cities of the world. Hence it might seem that they are too small and insignificant to give special notice, and they indeed would be, were it not that there are some other questions about them to be answered.

2. "What are they? Or perhaps I should say, "What are their principles?" For indeed it is this and this only that makes them differ from the great army of trained nurses all over the land.

These principles cannot be entirely ignored, for the reason that a small army of nurses scattered abroad in the world, working along certain well defined lines, and on principles that differ materially from those of other schools, cannot but have an influence that will, to a certain degree, mold professional and public opinion in regard to the best methods of nursing. Whether these methods are better, and whether the principles are correct, must be decided by the individual reader for himself. However that may be, if their methods appeal to only a *part* of the doctors, or even the patients, it will be harder for the next nurse to give entire satisfaction, unless she, too, can apply the methods of her predecessor. This influence is, and will continue to be, an unconscious leaven in the world molding the demand for nurses' services. And, may I suggest, the only way to

meet this thing is to become familiar with these methods and the reasons therefor, and thus be able to fill the demand wherever met. It is for this purpose that I have undertaken to outline the matter in these articles for the readers of this journal.

In some things, yea in many things, the S. D. A. nurse is like all other nurses. In ethics they are taught to carry out the Golden Rule and treat all others as they would that all others do to them were circumstances reversed. This is believed to be pure ethics, both professional and social. This, we believe, covers all points in the much discussed matter of "Nursing Ethics."

In training they receive about the course of the average nurse, with the addition of the matters yet to be mentioned in these papers.

In surgery and surgical nursing the instruction differs but little from that received in any hospital training school, with the exception of some things in post surgical nursing.

In anatomy, physiology, hygiene, materia medica, and the various lines taught in training schools the instruction is about the same. In physiology there is much stress laid on the *care* of the body in health as well as in disease, because it is taught that our bodies are the "Temples of the Holy Spirit," and as such they deserve a very careful study with the view to preservation. In materia medica the use of the various drugs is taught, and also the *abuse* thereof, and the danger attending their use. That is, the untoward effects are pointed out as well as the more harmless effects. Of course everybody understands that all drugs are foreign to the body and are treated by the body as foreign matter and as such are to be eliminated as

quickly as possible. It is this action on the part of the body that makes most drugs at all valuable. Were this not so, of what value would cathartics and such like be worth? And so it is with many other substances used as medicine. The body regards them as an enemy and the vital forces are quickened to overcome and to eliminate the drug, and these stimulated vital processes may perchance overcome the disease at the same time it is trying to overcome the drug. This beneficial action is pointed out to our nurses, and then the danger of overdrugging, and useless drugging, is also impressed upon their minds. It will be noticed that all S. D. A. nurses are extremely careful in giving medicines, always remembering that any mistake in medicine giving may cost the life or good health of the patient.

In the anatomy classes we study the structure of the body with the thought kept prominent that we are the handiwork of God, made after a definite pattern, made in the likeness of our Maker. "I will give thanks unto Thee for I am fearfully and wonderfully made . . . my frame was not hidden from Thee when I was made in secret . . . Thine eyes did see mine unformed substance, and in Thy book were they all written, which day by day were fashioned, when as yet there were none of them."—Ps. 139; 14-16 R. V. These thoughts make the study of form and structure anything but dry and dull. It gives zest and interest and much benefit to what is usually regarded as the driest and the hardest of all the studies that go to make up a curriculum for nurses.

The theory of disease as given by one of the most voluminous as well as the most revered writer in the whole denomination is as follows:

"Disease is an effort of nature to free the system from conditions that result from a violation of the laws of health."—Ministry of Healing; P. 127. And again, "Nature bears much abuse without apparent resistance; she then arouses and makes a determined effort to remove the effects of the ill-treatment she has suffered. Her effort to correct these conditions is often manifested in fever and various other forms of sickness."—P. 235. It may be said by some that this is not true in the case of infectious and contagious diseases, but it is held and taught by this people that even contagion is not possible if the body is entirely normal. It is also held that the resulting sickness from exposure to infection is the effort of the system to rid itself of this particular poison.

The theory of germ action in disease is not denied, so far as I know, by the doctors and nurses of this denomination. But it is not probably taken quite so literally as is done by many schools. They seem to hold more to the idea of poor health resulting from bad personal habits which lower the resistance of the system and thus let down the bars to the various infectious diseases that flood the world at this time.

It is recognized by all that the life has much to do with one's state of health. If the habits be those of a glutton or drunkard we do not at all expect them to resist the ravages of disease as will those whose habits are correct. It is conceded that consumption is caused by poorly ventilated sleeping and living rooms and sedentary habits. It is also recognized by all that unsanitary conditions will soon breed typhoid, yellow fever, and many other diseases. And we believe that if the matter were sifted down to its fountain head it would be

found that all diseases are the direct or indirect result of sin.

The above view of the cause of disease will of itself reveal what the treatment of disease should be. If being *out* of harmony with law is disease, it naturally follows that being *in* harmony with law is health. And if harmony with law is health and prevention from disease, then the process of healing is no more than the operation of getting back into harmony again. This may be accomplished in different ways, and these "ways," as it were, are the difference between nurses of this denomination and those trained elsewhere. What these "ways" are and the method employed in administering them we will reserve for another article.

This idea of getting the patient back into harmony with nature for the cure of his troubles very largely supplants the use of poisonous drugs and other medicinal remedies. We aim to assist the operation of natural laws in their efforts to restore the body to the normal condition. How may we be of assistance? What can we do to help? We can only help in two or three ways. We can remove the cause as far as possible; we can remove obstructions, as in the case of the bowels and pores of the skin; we can alleviate pain and discomfort; we can then sit down and watch "the Lord that healeth thee" operate through His law. This is not much by way of remedy, but it is usually found sufficient for cases not too far gone to recuperate. The Bible does not say very much about remedies. In fact, prevention is the sovereign remedy set forth in the Scriptures. Do not contract disease is the advice of the Great Physician. And yet, in a general way, there is a remedy mentioned in the Word that may be ex-

pressed in one word, repentance. Repentance means sorrow for wrong doing and the turning away therefrom. When one is overtaken in a physical fault he is to right-about-face and march the other way. In fact, one's health always depends upon this very thing. There can be no exception to this rule. There never was one—never will be one.

In dealing above with some of the principles by which our nurses work I intimated that I would try to point out some of the means by which they carried out these principles. Some of them are as follows:

In the medical creed of this people is an article stating that the use of poisonous drugs is not necessary in the treatment of disease. There is a general understanding that these drugs are unnecessary in both health and sickness. Hence it is necessary to provide some other means to combat the untoward symptoms that arise in all critical cases. Some of these are given below:

Instead of strychnia and other cardiac stimulants they use the cold applications or perhaps the alternate hot and cold as the needs may be. These applications rightly applied may be made to act both as a heart stimulant and also as a sedative, and that almost instantaneously.

Calomel is considered by the profession at large as an efficient cholagogue, but our nurses regard the hot and cold alternate application to the area over the liver as more efficient than the chloride and much less dangerous. They also recognize the specific action of certain fruits and use them as occasion may indicate.

The saline laxatives and other drugs are used to induce movement of the bowels, but these nurses have learned to value the enema as more desirable in

many ways. Also they are trained to diet for the same results, and, as a consequence, benefit not only the bowels but the general health also.

Nux vomica, hydrastis, arsenic, etc., are supposed to be fairly good stomachics, but we regard the fruit acids, as grape fruit, limes, etc., as superior without the attending danger. But as a genuine gastric tonic nothing aside from food can at all compete with the alternate hot and cold applications to the epigastric region. These are regarded by the nurses under consideration as safer and better in that there is absolutely no untoward after effects.

Morphia and other drugs are considered good nerve sedatives, but our people only resort to them in extreme emergencies. For a nerve sedative it has been found that hot applications to the spine and massage give excellent results. Again there is noted no ill effects from their use, but rather benefits accruing rapidly.

There are various medicines used as anodynes, but we find in our simple tissue-relaxing hot applications pain-relieving effects powerful enough to relieve most aggravating pains.

Acetanilid may be a specific headache remedy, but we find that headache may usually be relieved without resort to this remedy. Headache is usually relieved by a common hot foot bath, and may be entirely cured by finding the cause and removing it. The cause for many a headache may be found in intemperance at the table. Hence the removal of the cause and other means will entirely cure the troublesome headache. Drugs cover up the ache—rational remedies remove it.

Salol and phenacetin are used freely as an antithermic agent, but the better

antipyretic we find in the judicious use of hydrotherapy. There are various applications in use for this purpose, but I may not attempt to describe these measures, as much harm may be done by the novice attempting to reduce temperature by these means.

Digitalis, ergot, ipecac, are considered fair antiphlogistics, but we regard them as comparatively inefficient to what is termed the rational remedies. To reduce local inflammation the application of cold is regarded efficient by those using these methods. Continuous cold application will reduce the most violent inflammation if rightly applied.

There are many drugs used as a general tonic with indifferent results. The

proper use of hydrotherapeutic measures will produce the desired effect rapidly and well. Thus we find that in the use of remedies the company of nurses under consideration work on entirely different lines from those of most other schools. We have not space nor time just now to go farther into the principles and practises of Seventh Day Adventist nurses, but I may say that I have merely touched upon the subject. In ways innumerable and under circumstances variable and at times distressful these faithful nurses apply these principles, and to the uninitiated it seems wonderful what can be done by such simple means if only one knows when and how to use them.

California.

The Ninth Annual Commencement exercises of the Agnew Hospital Training School for Nurses, San Diego, were held Thursday evening, June 2d, at the San Diego club house. There were musical selections, an address by Dr. Anita Newcomb McGee, presentation of diplomas by Dr. F. L. Magee, and presentation of pens by Dr. J. Perry Levis to Miss Karen Rohde, Miss Marcia Emily Roth, Mr. Ellery Alexander McDowell, Miss Mary Katherine Small and Miss Mayme Chalfont, graduates, and to Miss Sabina Charlton and Miss Elizabeth Irene Burns, post-graduate. A reception followed the exercises.

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Personal.

Miss Mary W. Vare, of Hammonton, N. J., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Philadelphia, Pa., has been engaged by Dr. Strong's Sanitarium, Saratoga Springs, New York, to succeed Miss Helen M. A. Grant, also a graduate of the Pennsylvania Ortho-

paedic Institute, to take charge of the Mechanical Department of the sanitarium.

Miss Grace E. Stamp, R. N., graduate of Mt. Sinai Hospital, New York City, and formerly Superintendent of Nurses James Walker Memorial Hospital, Wilmington, N. C., has assumed charge of Orange Memorial Hospital, Orange, N. J., with Miss Anne Mac-Edwards, R. N., also of Mt. Sinai Hospital, as Assistant Superintendent.

Miss Carrie I. Farrington, formerly in charge of the Woman's Department of the Utah Hot Springs Sanitarium, has resigned her position and is taking post-graduate work at the Battle Creek Sanitarium.

Mrs. J. B. Lang, of Bishop Memorial Training School, Pittsfield, Mass., '90, who has been conducting Lang Sanitarium, Waterbury, Conn., has given up same and taken Laurel Beach House, Laurel Beach, Conn., which she will conduct as a Summer hotel.

Some Points in the Care of the Insane

ANNE E. PERKINS, M.D.

IN spite of the reforms in the treatment of the insane that have led to the abolition of padded cells, the knocking off of fetters and chains, minimizing restraint, naming the refuges *hospitals* instead of lunatic asylums, we have yet much to change.

There remains a widespread misconception of insane hospitals—a strong prejudice against them. We hear people speak of the great abuse patients receive and say that they would prefer their relatives or friends to die before going to such a place. If they are shown all over a hospital they will ask if there are not worse wards where no one is allowed. When shown the most violent wards they ask if there is not still a chamber of horrors. They expect so much noise and violence. In fact, they have an idea that really “crazy” people are raving maniacs, senseless and dangerous. There is a popular *fear* of the insane even among some physicians and most general hospital trained nurses.

This leads to much deception on the part of relatives. Before a patient is taken to the hospital, to make it easier and smoother for the family, the patient is often told he or she is going to a hotel to board, or to a private sanitarium; or more often, that a fine position has been secured for them at some distance. The most elaborate falsehoods are “framed up,” as that the physician or attendant is a distant relative and will take them to meet a son, husband, mother, etc.

Beware of lies to an insane patient. They are unnecessary, inexcusable, and *diminish* the chances of the patient's recovery; for it is absolutely necessary to

establish and maintain a patient's confidence. If their initial attitude is one of suspicion and hate because they have been deceived, little can be done for them.

And so the law in New York requires that the patient shall be told where he is being taken and why.

Patients should be searched before taking them to a hospital, as they not infrequently have concealed knives, revolvers, morphine, whiskey or poison on their persons and may kill themselves or others. On the way to the hospital they cannot be left alone an instant lest they escape or commit some overt act. Many a patient has escaped a nurse while she telephoned and turned her back for an instant, or because a request to “step into the next room or bathroom a moment” was granted. Show no fear of the insane and treat them as *sick* people. If cases are kept at home the greatest care and watchfulness is necessary to guard against homicide or suicide. One often reads of a patient at home who hanged himself or herself “while the nurse slept for an hour.” Constant vigilance is required, especially with depressed cases, for often suicide is not merely an impulse, but an obsession—brooded over, the way planned, the opportunity watched for so closely that three minutes' leeway may give the chance. Windows must be arranged not to open over six inches, all possibly injurious medicines or poisons locked up, matches and scissors put away, unless some one is present.

One patient in a sanitarium took Fowler's solution. Another who was not suspected of suicidal tendencies was

given a parole and unfortunately allowed money; he bought a revolver, came back and shot himself.

Patients everywhere, especially in hospitals, should have their clothes, &c., searched each night. Some secrete tobacco, others make most ingenious keys from the aluminum combs and escape thereby. A great variety of weapons may be found, as stones tied in a handkerchief to use as a slung-shot, door knobs, and even balls of tinsel from tobacco, solidly molded together, primitive knives, &c. Suicidal cases often secrete the strong scrubbing soap and eat it, or seize the turpentine that is being used on the floor. Some break windows and secure a piece of glass. One patient broke a jelly glass on her tray and hid a sharp triangle. Just as she was about to use it on her throat a patient called the nurse. One patient received a box of candy from which the tongs were not removed and sawed the arteries in her wrists. A suicidal patient will take the cord of a bathrobe or hem of a sheet to hang herself. Patients should *never* be left alone in water section or bathroom. Some have stood on their heads in buckets of water and drowned, or in taking a bath they are liable to scald themselves, especially if they are demented or general paralytics with impaired sensation. It would be well for all general hospital nurses to take a course of at least nine months in an insane hospital to cultivate general watchfulness and observation, learn the application of packs, baths and hydrotherapy in general, tube-feeding, &c. This training develops an acuteness that prevents accidents and suicide. The nurse learns to keep her head and act quickly. I recall a case where a parole patient in one institution was considered nearly well and showed no signs of de-

pression. During the night the nurse heard a slight unusual sound and went, on a sudden impulse, the rounds of the ward. She thought it must have been a patient snoring, as all was quiet. Presently this patient went by her to the water section, as she frequently did. Again an irresistible force made the nurse rush after. She found her sawing at her throat with a narrow piece of glass she had secreted during a walk. The noise heard was air from the severed trachea. She wrested it from her, carried her into a room where a nurse was sleeping, waked her and had her call a doctor, then quietly removed all traces of blood so that the other patients were unaware of what had transpired.

Great tact is necessary with many of the insane to make them eat, bathe, or do the simplest things for themselves or in the line of helpful employment. Those who are not ill physically are much better when employed, under supervision.

A patient cannot be *disciplined*. One can be firm but still polite. Study the patient's peculiarities. Do not speak harshly and never lay a hand on a patient if it can be helped—i. e., to take them by the arm or shoulder with a show of authority and demand that they sit down or go back to bed. Most patients will resent it and perhaps attack the nurse.

Be careful what you say, for it must always be remembered that many apparently hopeless cases recover and remember and relate accurately much that occurred. Never threaten a patient that if she does not do this or that you will punish her or withdraw some privilege. Patients may talk most abusively, profanely, obscenely, accuse the nurses of gross abuses, but one must always remember that they are irresponsible. And

after all, we do not know what we ourselves or our own may come to, and should treat patients as we should want to be treated.

Patients, unless absolutely demented, always have some reason, however absurd to others, for what they do; try to get at this. Some will not eat for months and have to be tube-fed. Later one may learn that the patient had her reasons—thought she should not eat, as it was wrong or that she would starve herself, or that the food was poisoned or contained snakes, or that the world would be ruined if she touched food. Some of them go on calmly thinking that they have not received any food, in nasal tube-feeding, and assert that it has not reached the stomach. With these feeding through the mouth by passing the tube, after holding the teeth apart by a mouth gag, is often helpful, and they will begin to eat sooner.

It is useless to argue with any patient or to try to talk away a delusion, and say that it is absurd and ridiculous. You only antagonize the patient so that perhaps she conceals her delusion. If it could be explained away it would not be a delusion. A delusion is a *false belief* that no amount of explaining can banish. The patient will not—cannot—accept even the evidence of sight and sound.

There are very few cases that should be cared for at home. Certainly it is wiser to take them away from the environment or personal factors that have entered into their trouble. One's own are generally the worst people for them to be near.

All acute cases, melancholias, epileptics and general paralytics should be taken from their homes. Insane epileptics may be very dangerous—often kill

others while having an epileptic equivalent, and remember nothing about it. It is better for the relatives not to be continually harassed and upset by the presence of an insane person in the house. The danger is very great in all cases of depression, as it is easier to obtain means of ending life. These cases do better in the hospital or sanitarium when they do not see their relatives often, as they usually are made worse by visits. Here they should be put to bed at first, treated as sick people, as they generally are, not merely in mind and nerves, but physically, from eating too little. They should be encouraged in a general way without absolutely denying their ideas of hopelessness and commitment of the unpardonable sin, etc. They may be told that we hope by and by things will be better, look different; that they are ill, and when they are stronger they can see how much brighter life is than they thought.

The bowels of all insane patients must be watched carefully, as many are so engrossed in their delusions and others so demented as to pay no attention to the calls of nature, and accordingly become very constipated or have a resulting diarrhoea. Many would never ask for water, and should be frequently offered it.

Apathetic and lethargic cases should have cool morning sprays, unless otherwise ordered by the physician, and these are helpful for masturbating cases. Excited and nervous cases do better in a prolonged warm bath, 100 degrees, and may be kept there from a few hours to days. Massage, packs, plenty of hot milk or cocoa will do wonders for these cases. Often they have taken insufficient food for weeks and are badly nourished and need hyper-feeding. Hyp-

notices should be generally avoided. Amenorrhoea is very frequent, and a source of anxiety to the family. It often continues for several years in a young woman, though she may not be necessarily in bad physical condition. Sleep can be prolonged an hour in the morning by the simple expedient of darkening the window in the early hours. The insane often wake with the first ray of light and do not sleep after.

It is easier to care for those actually ill than for the convalescent or chronic cases, but for these some suitable employment and amusement must be found. Sometimes a patient will do fair work for a week, to her own great benefit, on the promise of a trolley ride, a

handkerchief, ice cream or candy. But promises must be scrupulously kept. Choose for suitable cases appropriate books, or let them have magazines and look at pictures. Picture puzzles help some to pass the time, and simple games, as checkers, dominoes and cards. Many do fancy work and sewing or help in the ward, and it is always a gain if a patient can be interested in the ward.

If someone accompanies them in their walks and calls attention to birds and flowers, some will grow to take an interest in these, will keep a list of those seen, and gather flowers for study, especially if they have some simple book illustrated.



CLASS OF 1910, ST. LUKE'S HOSPITAL, OF BALTIMORE CITY.

Those standing, from left to right, are: Misses Emma Maley, Maud B. Gray, Edna H. Barnard and Mazie M. Snyder. Sitting: Misses Bessie C. Muman, S. Elizabeth Hurren, Superintendent of Nurses; Nellie M. Hutchins and Eva E. Gibson.

Eliminative and Tonic Baths, and Other Treatment for Toxemia

MARY H. TUFTS.

AT the present time many physicians hold the theory that a large number of diseases are caused by, or associated with, toxemia or autotoxemia.

This paper is intended to outline as briefly as possible the hydriatic measures and some other treatments often used with success in the conditions of toxemia.

The old saying, "A little learning is a dangerous thing," may well apply to the application of hydrotherapy treatments. A nurse should never attempt to carry out a course of this kind of treatment without the sanction of the patient's physician.

According to many of the most eminent authorities, water is more nearly a panacea for all human ills than any other known agent. The physiological effects of water are due to those qualities which enable it to be used: 1. As a nutrient, entering into the composition of every structure and serving a useful purpose in nearly every function, especially as a vehicle for conveying food material to the tissues, and in removing wastes. 2. As a means of abstracting heat from the body by contact and evaporation. 3. As a means of communicating heat to the body. 4. As a means of producing certain mechanical or percutient effects.

Other agents, as hot and cold air, hot vapor, electric light, sunlight and massage, are capable of producing similar effects, and these means are very generally employed in connection with water in hydrotherapy.

In toxemia, the effects to be gained by treatment may be briefly stated as follows: The general vital resistance must be increased, the toxins destroyed or eliminated, and bacteria destroyed and eliminated.

Vital resistance has been defined as a property of the individual cell. Therefore, to increase the vital resistance, the energy and activity of the cell must be increased. And hydrotherapy can do much toward accomplishing this, if used in a rational and scientific manner.

Applications of cold are of value through their exciting or tonic effects. The most useful of these procedures are: 1. Wet hand rubbing. 2. Cold mitten friction. 3. Cold towel rub. 4. Wet sheet rub. 5. Dripping sheet. 6. Shallow bath. 7. Pail douche. 8. The wet sheet pack. 9. The wet girdle. 10. The chest pack. 11. The rubbing sitz. 12. Alternate sponging of the spine. 13. The alternate spinal compress. 14. Cold water drinking. 15. The small cold enema. 16. Showers and percussion douches.

Any of these tonic procedures may be preceded by a short hot application as a preparation for the cold applications, but the hot application must be very brief, and the cold application be sufficiently prolonged to produce the dominant effect. It is to be remembered that cold is primarily a depressing agent, and therefore applications intended to increase vital resistance must be very brief and must be promptly followed by reaction.

The lower the temperature of the application, if the duration be short, the more highly tonic will be the effect.

Cold applications first quicken then slow the action of the heart, raise the blood pressure and increase the movement of the blood and the lymph through their proper channels in all parts of the body.

All procedures which encourage vital resistance, encourage the destruction of toxins by stimulating the toxin-destroying cells of the thyroid gland, the liver, the spleen, the lymphatics and other tissues. The hepatic douche and the splenic douche increase the activity of these two largest glands in the body. A general cold douche powerfully stimulates all the bodily activities by which the destruction of toxins is promoted.

Bouchard and other eminent writers have shown that the perspiration of the ordinary healthy person contains great quantities of toxic matter. Therefore, eliminative baths, especially the electric light bath, the sweating wet-pack and the vapor baths are valuable means for encouraging the elimination of toxins resulting from bacterial action or perverted metabolic processes.

The kidneys, liver and bowels are the most important outlets for toxic substances and waste. The liver disposes of alkaline waste, the kidneys remove urea, uric acid and other products of deficient oxidation, and a great number of toxins are eliminated through the intestines.

Water is said to act as a germicide by increasing the alkalinity of the blood, and especially by increasing leucocytosis, and the activity of the lymphatic glands and other organs capable of destroying bacteria.

Leucocytosis is of great importance

as a means of combating bacterial infection. And it is said that by the regulation of the local blood movement and volume, leucocytosis may be encouraged to almost any desired degree.

Winternitz, Thayer, Thermes and others have shown the influence of the general cold bath in producing general leucocytosis. And local leucocytosis may be produced to a remarkable extent by the heating compress frequently renewed and by the alternate compress.

Strasser and others have shown that the cold bath increases the absorption of oxygen and the elimination of the CO₂. And by the employment of hot baths in such a way as to elevate the body temperature, the oxidation of proteid substances is increased.

Cold applications for the purpose of increasing oxidation should be general in character; or, at least, should be extensive enough to lower the body temperature a few tenths of a degree, in order to develop the reaction necessary to increase heat production, and, consequently, consumption of the carbonaceous elements.

The treatments most effective for stimulating oxidation of fats and carbohydrates are the cold immersion, the plunge bath and the cooling pack.

The most effective means of stimulating nitrogen oxidation are by the hot immersion bath, the heating pack, the hot dry pack, the vapor, hot-air and Turkish baths, sun bath and electric light bath. These general hot applications to be followed by a very short, cold application to counteract the depressing effect of the hot bath and to restore the tone of the skin.

In most forms of chronic disease there is grave disturbance of the general nutrition, arising from the failure of the

tissues to maintain normal metabolism.

Hydrotherapy is an efficient measure by which the sluggish organs are awakened to normal activity, provided the integrity of their tissues has not been extensively damaged. The same measures used to increase vital resistance may be used to encourage general and local metabolic processes.

The development of invading bacteria in cases of infection may be delayed by prolonged application of cold, when it is possible to make the application directly to the part involved. When deeper parts are effected, the growth of parasites may be combated by increasing the alkalinity of the blood by means of general cold applications and by the application of measures already described for favoring local leucocytosis.

We are taught that stasis of the blood and lymph encourages morbid processes by favoring the development and the accumulation of waste and toxic substances in the tissues, thus leading to unhealthy tissue formation, and by weakening the resistance of the cells, which become poisoned by their own excretions so that they are unfitted for combat with invading parasites.

The same measures which have been described as favoring leucocytosis may be successfully employed in relieving stasis of the blood.

A summary of the organic changes produced by heat and cold may be grouped as follows: 1. Elevation of the body temperature is accompanied by increase of metabolism. 2. A fall of temperature is accompanied by decreased metabolic change. 3. Short cold applications cause rise of temperature and increase of metabolism. 4. Prolonged cold applications cause fall of temperature and diminished metabolism. 5.

Short hot applications cause fall of temperature, with diminished metabolism. 6. Prolonged hot applications cause rise of temperature and increased metabolism, especially increased oxidization of albumin. 7. No disturbance of metabolism occurs as the result of baths at neutral temperatures, or while the body temperature remains normal. 8. Strasser has demonstrated increased alkalinity of the blood after cold baths, and diminution after hot baths. 9. Jarret has demonstrated that the acidity of the urine is decreased by warm baths, and may even become alkaline.

In febrile conditions, when heat production is increased, antipyretic applications do not lessen the heat production unless applied in such a way as to cool the muscles and produce a diminution in the general body temperature.

The primary effect of cold applications is to increase CO₂ production. In the reaction period there is elevation of temperature, which, if sufficiently pronounced, is accompanied by an increased oxidation of albumin.

In the treatment of toxemia by hydrotherapy, massage and other allied measures, we must not forget that it is the patient and not his disease who is to be treated. The present day teachings tend toward the conclusion that the curative forces reside in the body, and all efforts toward cures must be made to supply such conditions as will sustain and aid the natural forces of the body to regain their normal balance. Therefore, we must consider the causes underlying the patient's disease. In toxemia, as in other abnormal conditions, we usually find that faulty habits of living have much to do with the condition.

In chronic diseases we have two general classes to deal with: those in which

the seat of the disease is a local irritation of mechanical or other origin, or in which there is a local mechanical or tissue injury. 2. Those due to a diathesis or a constitutional condition.

Therefore, a thorough and scientific examination of the patient should be always made as a foundation for hydropathic treatment and to determine the existence of contraindications for its employment.

The urine should be examined for presence or absence of albumin, sugar, blood, casts, etc., and for the determination of the elimination of nitrogenous wastes.

The blood should be examined to determine the blood count, and relative proportion of red and white cells.

The temperature should be taken for several times successively if possible before recommending, or, rather outlining the course of treatment. Fever may be the result of toxins of bacterial origin, as in typhoid; or it may indicate the presence of an excess of tissue poisons, either from diminished excretion or from over-production.

Nervous symptoms may be either due to the presence of nitrogenous waste, which is the so-called uric acid diathesis, or may be due to some sympathetic irritation arising from some disease as enteroptosis.

Every case should be examined for pathological changes, either structural or functional.

The general physical state of the patient must be considered, and also the physical aptitudes or temperament.

In general, the treatments must be both palliative and curative. And it is a tremendous mistake to direct all the treatment to any one circumscribed portion of the anatomy. Patients, as a rule,

urge a relief of the symptoms that most annoy them. And with patients beginning treatments of this kind for the first time, it is necessary to make an explanation of some of the apparently aggravated symptoms that almost invariably arise at the first part of the course of treatment.

Dr. Kellogg and a number of other experienced hydropathists claim that this exaggeration of symptoms, and the occasional appearance of symptoms quite new, are probably due to the intensity of the visceral activity, brought about by the strong stimulation of the sympathetic nervous system produced by the hydropathic applications. These increases in intensity of symptoms do not necessarily mean that the patient is getting worse, or that the treatment does not agree with him.

The patient should be made to understand that the reorganization of badly depressed vital processes will be at best a slow matter, and that there may be no diminution of chronic symptoms for some time. This is always a source of discouragement to patients, as is also the expense necessary in carrying out any protracted treatment.

However, it is important that patients suffering from chronic disease should continue treatment until there has been a disappearance of the symptoms of his disease, and the vital resistance increased. Chronic disease is never completely cured. Though symptoms disappear, there is the permanent constitutional weakness, exposing the patient to breakdowns of the same sort again. Therefore, the best that can be done is to supplement these treatments with a careful attention to diet, exercise and general hygienic measures.

(To be continued.)

Anatomy and Physiology

The Muscular System

CLARA BARRUS, M.D.

(Continued from April.)

THE *thumb* especially is well supplied with muscles, making it possible for the human being by means of the hand to achieve marvellous and complicated movements denied to any other animal. More than thirty muscles take part in moving the *fingers* alone. These hand movements are capable of extraordinary development in skill and variety, and a large part of the wonderful results we enjoy in an accomplished pianist or a violinist, for example, is due to his cultivated dexterity of these various muscles. The arts and crafts owe their achievements to the training of the human hand as a servant of the intelligent brain. This is one of the first and most rational steps in a sound education—rendering the muscles obedient to the ideas conceived by the mind. In this we get a hint as to how best to restore certain abnormally working minds to more nearly moral activity—by teaching patients to *do* things, to make their muscles subservient, first to the simpler movements, in obedience to the will, and then, by easy stages, to go from the simple to the more complicated movements.

In a general way the *muscles of the lower extremity* correspond to those of the upper. There are those in the iliac region, seen in the abdomen after the removal of the organs, that are concerned in bending the thigh on the pelvis, in helping support the spine, and in accomplishing the various movements of the loins. Then there are the large mus-

cles of the thigh that aid in maintaining the upright position and in moving the thigh and leg in the various directions; and those of the *leg and the foot* that supplement these and enable us to perform all the varied acts of standing, walking, sitting, bending, kneeling, kicking, dancing, etc. In the lower extremity, however, the position of the extensors and flexors is reversed, the extensors being on the anterior surface and the flexors on the posterior surface.

The *sartorius*, or tailor's muscle, the largest one in the body, crosses the thigh diagonally from the hip to the inner side of the knee. Its inner border forms the chief guide to the surgeon in tying the large artery of the thigh. It is the muscle used in crossing one thigh over the other. The large four-headed muscle called the *quadriceps extensor*, is the one that forms the fleshy mass of the thigh anteriorly, and its four parts unite in forming the tendon that encloses the patella—the part that we tap in testing the activity of the knee jerks when examining the patellar reflexes. There is a *biceps* in the lower extremity also, but this being a flexor, is on the posterior part of the thigh. The *gluteal muscles* make up a large part of the hips, together with a large mass of adipose tissue they form the prominence of the *buttocks*, the fleshy cushions on which the body rests in sitting.

The chief *muscles on the back of the leg* are named the *gastrocnemius* and the *soleus*, the former making up the chief

part of the calf, and the latter being just beneath it. Together they form the biggest tendon in the body, called the *tendo Achilles*, which is about six inches long and extends from the middle of the leg to the heel bone. This tendon is named after the Greek hero, Achilles; the tradition being that his mother in his infancy dipped him in the river Styx to render him invulnerable, but because she held him by the heel, thus preventing that part from getting wet, this point was his one weak one, and here in later years he received his death wound.

The foot is, of course, more restricted in motion than the hand; but twenty muscles take part in moving the toes, and it is very probable that were we to exercise and train the muscles of the toes more, we could attain a much greater degree of dexterity than we are now capable of; in fact, this has been proven again and again by maimed persons who, deprived of the use of their hands, have learned to write, to play the piano and to perform other extraordinary feats with their toes.

We need to cultivate more respect for our muscles; to regard them more as useful servants, capable of much better work than we assign to them. They do the world's work, they build our cities and our homes, procure us food, manufacture the things we use, or build and set going the machinery to do it; they deliver the lectures and sermons, write the books, sing the songs, bring forth the music from the various instruments and paint the pictures that we enjoy; they form the sounds that make our speech that helps us to communicate with one another. If they are untrained and undeveloped, we are undeveloped; if they are flabby, our thoughts are likely to get flabby and our good intentions to mis-

carry and fail to become deeds. So that body-building—muscle building—is really brain building and character building. By our muscles, not of the face alone, but of the entire body, we express the thoughts we habitually harbor. If we fail to train the muscles, they sometimes get the upper hand and not only govern but also betray us, revealing things we would far rather keep concealed.

In connection with the thought of muscular training as a means of expressing and governing the emotions, we are led to consider the curious interrelation which exists between cause and effect, and effect and cause. Those who have studied expression most say that by assuming certain expressions of face and certain postures of body that have been found usually to be the natural result of certain feelings, we can induce those feelings when they do not exist in us. For example, if we feel dumpy and disconsolate and let our mouths droop and our shoulders too, and sit humped over, brooding on the things that depress us, we foster the feelings already controlling us, but if we begin to act a little, put on a cheerful expression as a garment, throw our chests out, walk off with a sprightly step, and try to make other people think we never felt better in our lives, it is an actual fact that we can not only fool other people into thinking we are cheerful, but we can also fool ourselves into getting almost cheerful, if not quite so. Hence, it is permissible to assume a virtue (in muscular action) if you have it not. In a lesser way you can test this thing by imitating another's gait and manner. Walk behind a "chesty," self-important person, trying to walk as he does, and see how quickly you can induce in yourself a temporary

feeling of exaggerated self-esteem, then imagine how easy it would be to make this temporary feeling more and more persistent if the "chesty" attitude should become second nature. Shrink from cold and contract your chest and see how quickly you shiver and feel colder and colder; stretch and yawn and feign sleepiness and watch yourself getting really sleepy; sigh and groan long enough and you can deepen a sadness and discomfort that could often be dispelled by an opposite course of conduct; dance and sing and the mirth you teach your muscles to simulate will often actually come in place of its counterfeit.

This, then, gives us a hint in directing the postures and habits of the patients, as well as in our own self-discipline. But be careful how you tell a patient in so many words to "cheer up." Rather make him forget that he needs to cheer up, and by dint of some surprise or diversion or subterfuge get him, even for a short time, to assume the expansive attitudes instead of the depressed ones; to cultivate the extensors, if the flexors are over-developed, and so, by degrees, to overcome the undesirable expressions and attitudes by substitution.

As skill, endurance and perseverance are the fruits of well-trained muscles, so fatigue, restlessness, forcelessness, lack of control and of poise are the result of our failure to require our muscles to perform purposeful acts. We need to consider carefully this truth in its practical application. Children and patients given to choreic movements, to *tics*, fidgets and the like, need judicious muscular training, but they should not be put at work requiring the use of the finger muscles that demand skill and exactness, but rather to the exercise of coarser muscular movements, so to counteract

these tendencies and bring the entire body into harmonious action.

The motor restlessness that shows itself in automatic muscular mannerisms common in nervous children, and especially prevalent in certain disease types (such as licking things, clucking, grinding the teeth, scratching, tapping, twirling or chewing the hair, or pulling it out, biting the nails, shrugging the shoulders, raising the eyebrows, moving the ears, pulling at buttons, twiddling the thumbs, nodding the head, squinting, winking and blinking, swaying, grimacing, scraping the floor, picking the face, sniffing, crackling the joints, nibbling and sucking things, trotting the leg, and still others not named) are all expressions of fatigue, due to overstimulation of the nervous system, resulting in nerve strain and to under-stimulation of the larger free harmonious muscular activity that would do much to correct and remove these bad habits. By coarser muscular work I mean the exercises of the legs, back, shoulders, chest and arms—climbing, lifting, dragging, carrying, etc. The almost ceaseless activity of a wide-awake healthy baby, the play of children and the athletic games of adolescence are all nature's means for training the coarser muscular movements, while the finer muscle training in the young begins in kindergarten work, later in writing their school exercises, and still later, as education progresses, in drawing, piano practise, in the pronunciation of words in a foreign tongue, in singing, dancing, acting and the like. And the same steps that educators use can be used by you on the wards in training your patients to get control of their various muscles, for the patient's good chiefly, as I have said elsewhere, and only secondarily to obtain the product of their

work. In the talks on the occupation and amusement of patients, I have tried to suggest various expedients for accomplishing this muscular training, but a few simple things may properly be mentioned here.

If you have no apparatus for exercise, you are by no means hampered in this work—walking is one of the very best means of general exercise for the majority of patients, and few there be who get enough of it. If they can walk in the open air, so much the better, if not, on the hall or balconies is better than not to walk at all. Walking backward is excellent practise, and some patients can be induced to do this, it being something out of the ordinary, just to show their ability over that of some one else, when they would not do it for another motive. Sometimes fidgety ones can be cajoled into trying to sit perfectly still for a half minute, gradually extending the time, bringing this about in a playful way; others can be persuaded to spin a top, to stand or walk on one foot, to rise on first the heels and then the toes, to practise arm movements—simple things, but not to be set aside as unworthy of your attention and trial. And best of all it is to get the patients to do things that they can develop a real interest in, especially if the work admits of progress, and of some real constructive ability on their part.

But in enjoining work we must not forget *play* which is quite as essential to the well being as work itself, even to persons who have passed the period of

childhood. Games and sports, gymnastic exercises and so on, come in this category, but, like everything else, certain sports and gymnasium practises are capable of abuse, and by over-development of certain parts at the expense of others, we see “muscle-bound” gymnasts, over-taxed hearts and other results of injudicious methods. It will be a long time, however, before one will need to caution you as nurses against the over-exercise of your patients, except in a few isolated cases; one rather needs to remind you of the necessity for resorting to all the legitimate means you can devise to get your patients to take sufficient exercise for their muscular well being. In this connection I will conclude this talk by reminding you of that old Eastern allegory of the wise dervish, who knew that all mankind, as a rule, need to be cheated into doing what is best for them. His ailing and lazy Sultan came to him for medical advice. He knew that candor would not be appreciated, so he said to his royal patient: “Your Highness, I have saturated this bat and ball with costly and efficacious medicinal herbs that are needed for your cure. Knock the bat and ball about every day until you perspire freely, and thus absorb the medicines in them through your pores, and Your Highness will be cured of this malady.” The Sultan did as he was told. He was cured; but the cure was effected, not by the absorption of medicines, for there were none—the wily dervish having deceived the Sultan on this point—but by the simple means of needed exercise.

Within the Colossal Suit Case, There Do I Reside

CHRISTIE M. WILLIAMS.

I DARE say that no one thing plays so great a part in the life of the trained nurse as her suit case. One frequently hears of the traveler touring the Continent with only a suit case as baggage. The traveler that goes in this way wears a tailored suit, carries the necessary toilet articles, a change of underclothing and a few waists, usually silk or something that does not have to be laundried.

The nurse must carry enough wash dresses to last an indefinite length of time. She must go prepared to meet every emergency. There is no doubt that it is an art to live comfortably in a suit case. If managed well it can be done. First of all, select the case with the greatest capacity and least weight. Leather is entirely too heavy—the light wicker or masche are far more sensible, they weighing about one-half as much as leather, are cheaper, and quite as durable. It is well to have two, one kept for clothing, the other for sterile dressings.

It is inconceivable that so many articles can be packed in one small compartment; it is quite possible if everything is purchased with regard to bulk. For instance, the uniform of white—and almost every graduate nurse wears white these days—can be of long cloth or a light weight linen, and for a change in Summer a pretty dimity of some kind, instead of the heavy shrunk cotton that so many nurses wear. The night-gowns should be of the soft French variety; the kimono of thin wash material for Summer and some washable flannel or outing flannel in Winter. A

very nice kimono is made of umbrella silk. It is soft, washable, and comes in a variety of pretty colors. It is *imperative* that everything be as *light* and *small as possible*.

The case should be packed with the greatest care. The nurse should be able to go to her suit case any time, day or night, and lay her hand on anything she wants, without scratching and scrambling through, as I have known some to do. The luxury of a dresser drawer or two is not provided in every family—so learn to keep things in order without it.

Things that are used the least are packed in the bottom; stockings, collars, handkerchiefs, all have their own separate corner, and are always kept there. It saves time both in packing and unpacking if you have a regular system. For instance, if hypodermic and tablets are always kept in their places, and wanted in a great hurry, one can find them in the dark. It is nice if one can have a fitted toilet case; that takes a great many little things out of the large case that have a faculty of losing themselves, unless great care is taken. A great help to the nurse who often has to pack in the quickest possible time is to have a standard list for the average case neatly printed and pasted on the inside of the cover. This saves time and removes the chance of possibly forgetting some very important and much-needed article, if one but casts an eye down the list. One list contains the following:

Three caps, five uniforms, two belts, six collars (aprons?), three corset cov-

ers, three suits underwear, four pairs stockings, three nightgowns, slippers, kimono or night uniform, handkerchiefs, toilet napkins, comb and brush, tooth brush, dentifrice, wash cloth, towels, soap, laundry bag, nail file, button hook, pencil, fountain pen, stationery and stamps.

"Housewife" — Thread, thimble, scissors, buttons, darning cotton, pins, hooks and eyes.

Tablet of chart paper, hypodermics and case, thermometers (clinical and bath), strychnine, gr. 1-30; morphine, gr. $\frac{1}{8}$; atropine, gr. 1-100; nitro glycerine, gr. 1-100; digitalis, gr. 1-100; apha morphia; glass douche tip, glass enema tip, glass catheter, rubber catheter, high rectal tube, irrigating tips, hot water bag, hand brush, antiseptic tablets, rubber gloves, scissors, hemostat, linen tape.

On the cover of the "Sterile Suit Case" is printed three lists: Obstetrical, major operations, minor operations. The obstetrical contains:

Three sheets, two doctor's gowns, one nurse's gown, one package cotton, three packages vaginal pads, eight to twelve towels, patient's gown and stockings, two packages small sponges, one package large sponges, one package cotton balls (for babe's eyes and mouth), umbilical dressing.

The operative packages are seldom used by the private nurse, and these can be procured from the hospital. The obstetrical must be prepared again and again by the average nurse. A good way to do is to go to the patient's home, make pads, cotton balls, sponges, etc., having first given the patient a list for supplies; put all in packages, pack in suit case and send to hospital for sterilization—home sterilization, at best, being very risky.

When called to a contagious case, the contents of the suit case may be transferred to two suit boxes that can be

burned when the nurse is released from quarantine. Suit boxes should always be kept on hand for this purpose. Take only things that can be boiled or thoroughly disinfected. Call a carriage and go in uniform, without coat or hat. If too cold to go without, wear and send back by driver. A good way to do is to save old shoes for such cases, that can be burned; those with rubber heels can be worn at night instead of contaminating bed slippers. Upon leaving the case all laundry is thoroughly disinfected and sent to the laundry, the man instructed to deliver same to nurse's home. Take an antiseptic bath and shampoo. Of course everything has been disinfected and fumigated when the quarantine is raised. Upon reaching home a second bath is taken, clothing soaked in formaldehyde before sending to be laundried; shoes and suit boxes burned, instruments boiled. The nurse has then done her duty to prevent the disease from spreading.

Do nurses realize the importance of being well dressed? Being well dressed does not necessarily mean in the height of fashion or following the latest fad. It means neatly and simply. Neatly and simply means tailored. Let every one remember "to put the best foot forward always!"

"First impressions are the most lasting." Therefore, let each one present the most immaculate and well groomed appearance possible at all times. The woman who wears a badly fitting suit or uniform hasn't the confidence or self-respect, and, therefore, does not inspire it in others. The scientifically packed suit case and, as nearly as possible, the perfectly gowned nurse should go hand in hand.

The Diet Kitchen

Food and Its Use

ROSAMOND LAMPMAN.

EXTRACTIVES, or the flavoring principle of meat and other foods, are included with the protein compounds because of the nitrogen they contain. They are the chief ingredients of all meat extracts—beef tea, etc.—and are usually classed as stimulants and appetizers.

Fats are derived principally from animal foods, as meat, butter, cream, milk, fish, etc.; also certain vegetables and cereals, as olives, olive oil, oatmeal, maize, and some varieties of nuts. Fats are used in the body to form fatty tissue and to nourish the nerves and other tissues. They are the chief fuel ingredients of our food; they serve to maintain the animal temperature of the body, and yield energy in the form of muscular and other powers needed for its work.

It is said that one-fifth of the body weight is composed of fat, but the amount of fat taken in the body varies under certain conditions, as the quantity of fattening foods eaten, exercise, age, etc. Starches and sugars of food are changed to fat in the body and stored as such, the body thus forming a supply of fuel, kept in reserve, to be utilized when there is a deficiency of fat in any of the constituents of food.

Sugar is principally of vegetable origin, of which there are many kinds. That which we use most commonly in our food is cane sugar, or sucrose, obtained from

the juice of sugar cane, beets, maple-tree sap and other vegetable growths. Besides cane sugar, there are a number of sugars, as grape sugar or glucose, milk sugar or lactose, fruit sugar or levulose (diabetin), malt or lactose, honey, etc.

Glucose, or grape sugar, is one of the varieties of sugar which exist in large quantity in peaches, pineapples, strawberries, grapes and other fruits. Glucose is commonly manufactured from starch; it is more readily absorbed in digestion than is cane sugar; it also undergoes fermentation more readily and is apt to produce flatulent dyspepsia. It has less strength of sweetness than cane sugar, and is often used as a substitute for the syrups of commerce. Confectioners use it in making "fondant," or the soft fillings used for bon-bons, etc.

Lactose, or milk sugar, is taken as a food in some quantity with milk, and forms a very important element in this form of diet for infants or patients with weak digestion. It is less liable to produce acid fermentation than cane sugar. That of commerce is principally manufactured in Switzerland.

Levulose, or diabetin, is a fruit sugar in crystallized form. It is sweeter than cane sugar and has a somewhat fruity taste. It is said that diabetic patients can use it in considerable amounts without it reappearing again in the urine or disturbing digestion.

Starch, the most widely distributed of the vegetable principles and the chief source of the carbohydrates, is an easily digested form of vegetable food when properly cooked, though not as available for the repair and growth of the tissues as fats; yet, by its oxidation it saves tissue waste, and, like sugar, furnishes both heat and muscle force.

Starch, when presented to the naked eye, has the appearance of a white powder, but when examined under the microscope it is seen to consist of transparent oval granules of a somewhat uniform structure.

These small granules will not dissolve in cold water, but when cooked in boiling water they swell and burst open, and are then easily dissolved.

Starch forms the principal part of every day diet. It is found in nearly all breadstuffs; wheat, corn and rye flours are more than one-half starch. Rice, which is "the staff of life" in the "Far East," contains eighty per cent; in the common potato each cell is completely filled and distended with the accumulation of starch and water. The greater part of cornstarch, sago, arrowroot, tapioca, peas, beans, turnips and carrots consists of starch.

In the case of patients with weak digestion, all starchy foods, as cereals, etc., should be partially dextrinized, artificially, or by long cooking, at a temperature which will change the starch to such an extent that it may be easily converted into dextrine and then into glucose by the digestive fluids.

The mineral salts are as essential for the perfect building of our bodies as any

of the other elements. They are mingled with all food materials in more or less quantity and are distributed through all parts of the body, in the blood, tissues, brain, bone and other organs. Like the other food elements, they are constantly being consumed and eliminated; therefore, they must be continually replaced by means of food. Fresh vegetables and fruits are particularly valuable as food because of these salts; whole wheat flour, barley, oats and rye are rich in mineral salts, the most important of them being phosphate of lime, which enters so largely into the structure of the bones and teeth. It is not thought that mineral matters are changed by digestion.

Water, one of the most important articles of diet, is a compound of oxygen and hydrogen, although it undergoes no change in the body; yet, it enters largely into the chemical composition of all its organic matters. It forms the principal ingredient of the fluids in the body and gives to them the power of holding a great variety of substances in solution. In this way new supplies are conveyed to the points where they are required. At the same time it acts as a solvent to wash out materials from the system whenever it is needed.

It is said that water constitutes by weight not less than sixty per cent of the average human body. It is introduced into the system with all kinds of food, and is the basis of almost all drinks. It is therefore very important that the water we drink or use in the preparation of all food should be as pure as possible, and if there is any doubt of its purity it should be filtered and sterilized.

Editorially Speaking

A Training Problem

FOR some years the predominance of surgical work that finds its way to hospitals, the predominance of facilities for surgical work and the lack of facilities for treating medical patients according to the best known modern methods has been the cause of more or less desultory comment. How serious the training aspect of this condition is has received scant attention. Yet, to our minds, it is one of the most serious phases of the training and nursing situation. Every private nurse except those few who specialize along a certain line, or who get the majority of their calls from hospitals for "special nursing" of private patients, is likely to tell you that she gets very few calls to surgical patients in their homes. The bulk of her work is likely to be medical cases. Yet the waning facilities for giving training and experience in medical nursing in hospitals is seldom mentioned. A large number of so-called "general hospitals" are practically surgical hospitals. One instance will illustrate. A certain man who was considering leaving a bequest to a hospital or to hospitals that met his idea of what a general hospital should be in regard to business management, dissemination of knowledge tending to better care in sickness and through proper training of doctors and nurses, inspected or investigated a well-known high-grade so-called "general" hospital of about 175 beds. The training school numbers about 75 nurses. At the time of his visit there were exactly seven medical patients in the hospital, and out

of over two hundred patients enrolled in the last month or so, there were but ten medical patients. This is an illustration of a condition that could be duplicated many hundreds of times in the United States, and it certainly would seem to call for serious consideration on the part of those who are desirous of improving nurses and nursing. Most of the nurses graduated go directly into private work after graduation. They are trained, highly trained, as surgical nurses, but many very poorly trained as medical nurses. Yet their future work as private nurses or as visiting nurses must largely be among medical patients. Graduates of special hospitals are debarred from registering in a number of States, but what of the graduates of general hospitals, so-called, which are in reality surgical hospitals? To even hint that the training of the nurses in such hospitals was defective in this important particular would be strongly resented, but it is true. This situation only emphasizes more strongly the conviction that is growing in the minds of many that two or three months should be required of every pupil nurse, of nursing in private homes of people of limited means, or of visiting nursing before graduation—this not simply to benefit the limited means patient, but to round out the training, which the changed character of hospital work renders necessary.

If medical patients can be comfortably and successfully cared for at home there is surely no strong reason for taking them out of their homes, except when

the illness would endanger the people of the immediate neighborhood. If the nurse cannot get the training in medical nursing which she needs (and she certainly cannot in a great many hospitals) there is no good reason why she should not be allowed to secure the necessary experience under proper restriction and supervision in homes in the community, providing, that in getting the experience she did not encroach on the province of the graduate nurse—that is, that such nursing be confined to people who could not in any case pay the cost of the graduate.



The Fourth of July Sacrifice

FOR seven years the Journal of the American Medical Association has been collecting statistics regarding the annual death rate and injury involved in our method of celebrating our national holiday. The public is slowly awakening to the folly of the sacrifice, and several cities have taken a vigorous stand against the practice of selling explosives recklessly to any who choose to ask for them. A number of the popular magazines have taken part in the campaign for a "safe and sane Fourth."

One of the most vigorous arraignments of the foolish methods which have been customary was contained in *Popular Mechanics* for March, 1910. It calls attention to the "coming sacrifice" and states that "for scores of healthy happy boys and girls the days of life are nearly ended." It pictures in a striking manner the results of a vote by Congress, if that were possible, to sacrifice one unknown boy each year as a national Fourth of July offering, the extra editions of newspapers announcing this extraordinary action, the editorial denunciation of the lawmakers, the public agitation and ex-

citement, the petitions to Congress and the President, and the Civil War that would surely follow an attempt to execute that decree. "Such an attempted sacrifice," says the J. of A. M. A., "of course is an impossible one, but if it could be seriously suggested for a moment, the pictured results would be true in every detail. All this would occur over the contemplated sacrifice of one unknown boy; and yet, we supinely allow, year after year, the slaughter of hundreds and the mutilation of thousands, causing desolation and anguish in many homes."

This is one reform into which every intelligent citizen can enter heartily. Apart entirely from the serious physical risks involved, the racket and noise continued hour after hour, sometimes for the larger part of three days, have made it a day to be dreaded. Nurses who have come into immediate contact with Fourth of July results should be especially interested in any method of reforming the day, and all nurses who are lovers of humanity can add their voices to the general volume of protest against the insane customs which have been permitted to mar our Independence Day.



The Widening Field for Nurses

AS knowledge increases and civilization advances the opportunities of the nurse widen. One of the possibilities for nurses who have a gift for public speaking and a liking for change of scene is that afforded by the farming organizations known as "The Grange" and "The Farmers' Club," one or both of which are likely to be found in practically all of the States. These organizations are to the farmer, his wife, family and employes, what the nurses' associations are to nurses—that and more. They have

become the centre of social life in various communities, and represent the progressive and most intelligent part of rural life. There is a State association, a county branch and numerous local branches. The local branches hold monthly or semi-monthly meetings, at which all sorts of subjects relating to the farm and the farm home are discussed. State meetings are held once or twice yearly, at which the attendance of delegates sometimes numbers thousands. "State lecturers" are employed, who travel from county to county, and to local meetings, according to a schedule arranged by the general officers. In some States the expense of these lecturers is borne in part by the State. There are now a number of nurses employed as State lecturers, and a much greater demand for nurses to undertake this form of work is going to be felt before many years. They lecture on such subjects as home sanitation, the care of babies and children, tuberculosis and its prevention, diet and health, accidents and emergencies in the home, etc. Demonstrations in the line of bed-making and how to give the simple nursing treatments in the home are often given.

There are many nurses who have had years of experience in lecturing and teaching nurses who are well fitted by natural endowment to undertake this form of work. The opening wedge to this new door of service may come in an invitation to address some small local group of rural dwellers. It may seem a very small sized opportunity and its resemblance to a wedge may not be noticed, nevertheless such opportunities are often wedges.

The nurse who has a fondness for rural life and a longing for a "bit of God's earth all her own" which she may

cultivate may find it possible to secure an opening as a lecturer that will be profitable for the Winter months, leaving her free to develop her farming and gardening propensities in the Summer. The State colleges of agriculture can usually give information as to the officers of the associations one should apply to for a position as lecturer, and if a short course in the agricultural college can be taken it will prove a wonderful help in getting in closer touch with the people. In many State colleges several short courses of a month to six or eight weeks are offered.



The Personality of the Teacher

FROM the beginning of trained nursing emphasis has been placed on the personal equation as an important element of success in practical bedside nursing. As our appreciation increases of the innumerable and subtle ways by which one mind, unconsciously or otherwise, influences other minds, we are placing more and more value on the personal make-up of the nurse, her adaptability or inadaptability to a given case and the effect her personality is likely to have on the patient to be nursed.

We have, however, placed less emphasis on the personality of the teacher as an important element of success in training-school work. We have considered the school in which she was trained, her standing in her classes, etc.; we have harped on the number of beds "always occupied;" made a great point of the number of medical men on the faculty, and have been very much given to overlooking the importance of the personal attitude of the person at the head of the training school to the whole problem of nurses and their training. If the woman at the head of the school re-

gards classes as of minor importance, to be skipped when there is any pretext for so doing; if she regards nurses as convenient, even necessary agents for getting so much work done, and cares little how much or how little they learn or fail to learn as the months go by; if she thinks and says that teaching is a bother, that she hates it, etc., it is hardly to be expected that the nurses "trained" by her will excel. If they do it will be in spite of her, rather than because of her influence. This phase of the training question was brought out at a recent meeting of the New England Association for the Education of Nurses by Dr. Richard Cabot, and his remarks are well worth considering. Dr. Cabot says: "A matter which I think needs to be considered from time to time, whenever we are considering the subject of teaching, whoever is being taught, whatever is the subject of the teaching, is the teacher. That is the thing which makes 75 per cent. of the difference. It isn't the curriculum or anything that can be set down on paper, but it is the personality of the teacher. I don't know where that seems more important than in the training school. I believe the best training schools to be those in which the nurse comes in closest contact either with nurses or with physicians whom they will admire in future years. I was talking with Professor Hausman, of the Harvard Medical School, about some of our classes in the medical school, and we agreed that the fundamental trouble with most of the

teachers was that they didn't really love human beings. He agreed with me, or, rather, I agreed with him that the first essential for a person who was to be a teacher of anything is that he should really love human beings and desire to communicate knowledge as a means for the expression of his affection."

We are hoping to see the day when there will be a place in every city for at least a few nurse teachers, who, having had experience in hospital schools, and have developed an enthusiasm for the teaching of nurses, can devote their efforts entirely to this work, being paid by the hospitals for a certain number of hours of class work each week. This would relieve the often overburdened principal of the school, or superintendent, and leave her free to spend more time in bedside supervision and instruction; it would do away with much haphazard work in training schools, and the nurses who really loved teaching, who really loved nurses, would be the ones most likely to consider this as a special line of work. Such a nurse would have an added incentive to study the methods of the best teachers, and the results should be gratifying to all concerned. The personality of the medical instructors is quite as important. Many, perhaps most, of the best lessons are learned outside of the class room through incidental informal personal contact at the bedside or in the operating room before or after the operation, with a doctor who had an ambition to use such opportunities to add to the nurse's knowledge.

Owing to the length of the reports of the national societies, it has been necessary to omit much interesting news matter, which, however, will appear without fail in the August issue.

The Hospital Review

The Revival of an Old Problem.

Hospital problems, like history, have a habit of repeating themselves, and every now and then the old familiar problem of the extent to which nurses should be required to give nursing care to male patients in a hospital bobs up in some new quarter. More than one institution has been torn with dissension over this same old problem. It looks as if it was time it might be settled for good and all. This time it is the Grady Hospital, Atlanta, which has been exercised to a serious degree over the matter. Conflicting accounts have reached us, but it appears that mixed up with the problem is another growing out of the division of authority.

According to the interpretation of the rules published over the signatures of the committee on medical matters, the medical superintendent is little more than a purchasing agent. The resident physicians or internes have exclusive control of the admission and medical treatment of patients. Complaints from either the house staff or nurses regarding patients in any way are to be made to the committee on medical matters, and not to the superintendent. Such a condition is certainly unusual, and it is little wonder that dissensions in this hospital have been frequent. It is said of the present superintendent that since he assumed charge, a year ago, expenses have been reduced, while the general efficiency of the service has been increased. More has been done for the patients than ever before on less money. It is possible, however, to carry the cutting down of expense too far, and if, as one report stated, the plan is to require young women nurses to care for the male patients in large charity wards entirely without the assistance of orderlies or male nurses, it is not to be wondered at if there has been internal disturbance. Every well-ordered hospital, however small, has an orderly where there are male patients. It is quite true that dependence on orderlies by nurses may be and has been carried too far, and no nurse with good sense will hesitate as to her duty if the

patient's comfort is concerned and the orderly is absent or not to be had at the time. There are exceptions to all rules, and the fact that nurses have done, and do, such duties in emergency is no reason why orderlies should be dispensed with. If it was an exception—an emergency when the orderly was not available and the nurses refused to give the necessary care—the nurses will surely in the future regret their hasty action. If it was intended that they should assume the entire nursing responsibility for the male patients in a large charity hospital, they can hardly be censured for rebellion. It is a well-known fact that many medical men are notoriously careless about exposure of patients, and about the requirements they make of nurses in such matters. In this case it looks as if the committee on medical matters had had too much authority over such matters, and the medical superintendent too little. If the tempest results in an overhauling of the rules and regulations it will have accomplished some good.

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Floating Hospital of St. John's Guild.

The "floating hospital" seems to be an American creation, and would there were more of them to carry on their beneficent work of life saving and education for every large city located near a large sheet of water.

The Floating Hospital of St. John's Guild, New York, is about to begin its forty-fourth season. Its cost last year for the season beginning July 6 and ending September 9, including the work of the Seaside Hospital, which also was operated as a summer hospital, was \$81,781.75. The number of women and children admitted and treated was 2,696. Of these 2,519 were improved or cured. There were 51 deaths.

The Seaside Hospital at New Dorp, Staten Island, is to be improved, and plans for a large and permanent building are already drawn. The cost of this building is estimated at \$225,000, and it is expected to make of it a children's hospital equal to any in the country and open all the year. In the Floating Hos-

pital all classes of diseases except those designated as "contagious" are admitted.

As in other similar organizations, the emphasis is placed on education of the mothers with a view to prevention. Besides the general and statistical information, the annual volume contains an instructive and most interesting address on "Infant Mortality" by Dr. Abraham Jacobi, president of the Medical Board of the Seaside Hospital.

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Hospital of the Good Shepherd.

At the Hospital of the Good Shepherd, Syracuse, N. Y., 2,579 patients were treated during the year, at an average cost per day per patient of \$1.84. A pathological laboratory has been established, which has been of great value, especially in the surgical division. In the training school, by increasing the number of pupil nurses it has been possible to do the greater part of the special nursing of patients by the nurses in training, thus affording greater opportunity for special study of cases by the pupils, improving the training and increasing the revenue for the maintenance of the school.

The Training School for Nurses receives nurses for special training for short periods from Willard State Hospital, Thanksgiving Hospital, Cooperstown, N. Y.; Little Falls Hospital, N. Y.; Geneva City Hospital, N. Y.; Broad Street Hospital, Oneida, N. Y., and Rome Hospital, N. Y. Miss Ida M. Marker is succeeded by Miss Edith W. Seymour in charge of the training school. During the year there were 201 informal applications to enter the school and 65 formal applications of the latter. There were 30 accepted, and at the end of the year the school had a waiting list of 8. The report volume is one of the most concise and complete which has come to the reviewer's desk for some time.

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A Hospital Experiment.

The Chicago Post describes a very interesting development in hospital economy at the Evanston Hospital, Chicago. The superintendent decided that "broilers" at 97 cents each were too expensive for hospital fare, and originated the plan of combating high prices by starting in the chicken raising business. To that end an incubator was secured and early

in April the first hatch of the season began to arrive—sixteen hours before schedule time. A fair proportion of the expected 144 chicks are already well on the way toward the broths, stews and other chicken delicacies which a well-ordered hospital delights in supplying to its patients.

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Changes at Wesley Hospital.

Wesley Hospital, Chicago, is undergoing changes which place it in the very front ranks of the hospitals of the country.

A large addition has been erected, containing new offices, dining rooms, etc., and fifty-four private rooms and suites. The suites contain a private bath, with both shower and tubbing facilities. The floors are art marble throughout and the wood work is mahogany. A private telephone and an electric fan is part of the equipment of each room. The beds are brass and especially designed for Wesley Hospital. The Hydrotherapy rooms are equipped with facilities for giving electric sweat baths, Nauheim baths, shower and needle baths and massage. A large solarium has been constructed on the roof of the hospital. This sun parlor contains provision for both sexes and has an out-door compartment, equipped with a couch swing, rocking chairs, lounges, etc.; also a pergola roof, under which patients may get shade and air. The solarium makes a splendid lounging place for convalescent patients, commanding, as it does, a beautiful view of Lake Michigan.

The operating department is being remodeled. It will contain four operating rooms, two anaesthetizing rooms, a surgeon's preparation room, a waiting room for the friends of the patients, a dressing room, sterilizing room and dressings store room. These rooms are all on the sixth floor and will be furnished with the most improved operating-room furniture.

The obstetrical department contains a preparation room for the doctor, a preparation room for the patient, sterilizing room, two confinement rooms and a nursery. Also wards and private rooms.

The children's department contains rooms for the segregation of children over ten years of age, a room for sick babies, a detention room and an isolation room.

These changes have involved an expense

of over \$150,000. An "opening" was held Saturday, May 7, which was attended by about two thousand of Chicago's leading citizens.

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Notes and News.

Sloane Maternity Hospital, New York, is to be enlarged by the addition of an eight-story annex. The first floor will contain the offices of the superintendent, the gynecologists and the laboratories. There will be a two-story operating theatre, and a roof pavilion will crown the building, which is expected to cost \$120,000.

The new maternity ward in connection with Heaton Hospital, Montpelier, Vt., has been completed. The addition also provides accommodations for the nursing staff.

The St. James Hospital and Sanitarium Association has been organized at St. James, Minnesota. The Park Hotel property has been bought and fitted up for hospital uses. Dr. C. C. Mauger is in charge.

A new home is to be built for the nurses of Harriot Hospital, Erie, Pa.

The Methodist Deaconess' Hospital Association at Peoria is to have a new \$50,000 building.

The city of St. Louis is to have a hospital department organized entirely separate from the Health Department. It is hoped in making this change to terminate political control of hospitals and attract to the institution a higher class of physicians than it has been possible to secure under former conditions.

Mrs. Wallace Martin has been appointed to succeed Mrs. Anna Farnham at the hospital for soldiers at Grand Haven, Mich.

A new hospital to be known as St Mary's General Hospital is to be built on the north side of Pittsburg.

Anniston, Alabama, through the generosity of the late L. H. Kaplan, is to have a free public hospital.

The King's Daughters, of Middlesboro, Kentucky, have purchased the Elks Home and will start a hospital.

The Chicago Hospital Day Association has been incorporated. The object is to promote systematic charitable giving for the support of hospitals in Cook County working under church auspices. Methodists, Baptists, Roman Catholics and Presbyterians have thus far taken out memberships. Seventy-five women from each church constitute the active members. An advisory board of business men is provided for. The working plans are similar to those of the New York Hospital Saturday and Sunday, and the receipts are divided in proportion to the free work done.

Mr. George W. Watts, the millionaire philanthropist, of Durham, N. C., will erect a \$50,000 annex to the Watts Hospital, which he recently presented to the city. A nurses' home is also to be built, which will bring his gifts up to the half million mark. The hospital is said to be the finest in the South.

The new \$75,000 addition to Bethesda Hospital, St. Paul, Minn., is ready for occupancy. It will increase the capacity of the institution to 125.

Mr. George Eastman, of Rochester, N. Y., will erect a \$54,000 home for nurses in connection with the Homeopathic Hospital of that city. It will provide for 75 nurses.

During the past year 528 patients were treated at the Margaret Pillsbury Hospital, N. H. Miss Hall is the efficient superintendent of both hospital and school.

The new home for nurses in connection with the Toronto Hospital for Incurables was opened recently with appropriate functions. Their Excellencies, Earl and Countess Grey, were present, and the Governor-General congratulated the management and the city on the growth and expansion of the institution. The present capacity of the hospital is 140 and a new wing providing for ninety additional beds is nearing completion.

In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS.

How to Teach Materia Medica

MINNIE GOODNOW.

Superintendent Bronson Hospital, Kalamazoo, Mich.

Materia Medica is undoubtedly the most difficult subject in the nurse's curriculum. It consists of a mass of unconnected details, a collection of unrelated facts, hard to learn and still harder to retain. The average nurse learns little of the subject except what she acquires in her experience of giving drugs to patients. Few doctors take the trouble to tell a nurse why they are giving a certain medicine, and some even omit to tell her *what* they are giving. She does not know what to look for, therefore never sees it, and the effects of drugs remain an unknown quantity. She may know, for example, that one-one hundredth of digitalin was ordered, that she gave it, and that the patient's pulse was somewhat better afterward. Very crude and elementary knowledge this.

Faulty methods in teaching are responsible for this state of things. Incompetent teachers make our nurses stupid in matters about which they should be keen, and bored by a study which should be a fascinating one.

First, as to the teacher. Usually it should be the superintendent of nurses. Doctors, of course, know far more materia medica than she does, but that is no proof that they can teach it. As a matter of fact, if one is to judge by results, they teach it very badly. If an interne or young practitioner can be found to whom the needs may be explained, who will take pains to help his pupils to learn and who will not think it beneath his dignity to use simple methods, you may have it taught by a doctor; not otherwise. Most doctors' classes in this subject are more or less failures and rather disheartening.

Above all, remember that Materia Medica *cannot* be taught by lectures. The old-

fashioned study-and-recitation method is the only one which will bring success.

The subject is commonly begun too late in the course and too little time is spent upon it. If young nurses are to handle drugs at all—and they must handle them if they give enemata, douches, help with dressings, etc.—they must know considerable about them or some one's life is in danger. There are few hospitals in which nurses with six months training do not give medicines regularly. Many an "accident" which has happened to a patient was due to a nurse's ignorance of the nature and effects of drugs. As a nurse cannot dust a room properly without a knowledge of the principles of bacteriology, so neither can she give a "one-two-three" enema intelligently without a knowledge of drugs. Begin the study, therefore, in the first year, and keep it up throughout the second.

Go slowly at first. Insist upon a proper foundation. Have the courage to leave apparently important parts until the second year. Do not assume *any* knowledge on the part of your nurses. (Question a class of seniors and you may find half of them hesitating when asked the number of drams in an ounce.) Begin with the weights and measures, apothecaries' and metric, and be sure that they are well in mind. Next give four or five lessons on definitions of technical terms. Drill them in. You will find it time well spent. Omit this, and your senior nurses go out from the hospital with hazy ideas of simple things, to their own and your confusion.

Then, I beseech you, teach a few of the principles of chemistry. All books and all doctors nearly take this knowledge for granted,

when only about one nurse in eight or ten, really possesses it. You may know but little of chemistry yourself. Teach that little. Unless a nurse has learned what a chemical compound is and how chemical changes take place, she will never even grasp the meaning of the terms employed, much less the nature of the substances which they describe. The hospital druggist or a practical chemist can, with the aid of a few simple experiments, elucidate this matter in three or four lessons. The nurses will, at the same time, get some help with their physiology, dietetics, and other studies.

(Here we have had nearly ten lessons and have hardly begun our subject! None the less, it pays, as future classes will show.)

For the first classes in the actual study of drugs, stick to the pedagogical principle of working from the known to the unknown. It is rank folly to begin with even such common drugs as the mercurials, opium, strychnia, aconite, belladonna, etc. Select, or, better still, let the class select, drugs of which they already know something—more than the name. Before they ever came to the hospital they were more or less familiar with castor oil, turpentine, flaxseed, camphor, mustard, glycerine, and some of the soda compounds. They do not know all about them, however, so teach these simple things first. By the time they are finished the class will be ready for carbolic, boric, rhubarb, cascara, etc., and the more difficult ones named at the beginning of the paragraph. Forty or fifty drugs are a goodly amount of work for the first year. Let thoroughness, not speed, be your watchword. Far better that your nurses *know* fifty drugs than that they have an indefinite notion of a hundred.

If the first year's work is done by the superintendent of nurses, the second year can very well be handled by a doctor, and the class pushed rapidly through almost everything which is "in the book," certainly through everything which they need to know.

Do not omit, and do not let your doctors omit, object teaching. It is far more effective than any book recitation can possibly be. Obtain from one of the large firms of manufacturing druggists samples of the crude drugs. (Parke, Davis & Co. supplied me with beautiful and liberal specimens of roots, bark, leaves, etc., at an amazingly low

price.) You will be astonished at the sudden interest your nurses take when you show them something tangible. If they have once seen and handled hyoscyamus leaves, crude opium, or nux vomica buttons, they will never forget them.

Besides the crude forms, take pains to get a sample of every common preparation of each drug studied. Get your druggist to put you up a two-dram vial of the kinds which are not in the hospital supply. Insist upon each nurse observing the appearance, odor, and in most instances the taste, of each preparation. Crystalline substances should be shown in their crystalline form; it seems but fair that your nurses should know what carbolic and boric acids are like, and not imagine—as many of them do—that the one is a colorless liquid and the other a white powder. (Apropos of powders, show them the different shades of white, and let them see that quinine, soda salicylate, bismuth subnitrate and cerium oxalate are not the same color.) Call their attention to the weight of substances, both solid and liquid. Show them that one substance packs and another flies about. Let them see that liquids do not pour alike. Tell them these things, and they forget them before they leave the room; show them, and they remember them for years.

About twice a year have a lesson in identification. Give the class small, unlabelled specimens of the preparations which they have studied, and see how many they can name. Lessons of this sort do good work in fixing the characteristics of each drug in mind, thereby preventing mistakes in the giving of medicines.

"But," some one objects, "all this takes time and money, more than we have." Pardon me, but it doesn't. Spend one-half hour in writing a list of drugs which you wish in the crude state, and fifteen minutes in getting off the letter which shall bring them. When they arrive, let the nurses unpack them, and they will have them half-learned in the process. Spend another half-hour on a list for your own druggist. Five dollars will more than cover the cost of the above. Five minutes time before each class will be enough to get out the material for the lesson and to note its characteristics.

In class, you must take time, to be sure. But far better spend time in showing your nurses something which will stick in their memories, than in trying to drill dull facts into brains which find them hard to comprehend just because they *are* dull and uninteresting.

Keep a text-book of *Materia Medica* fastened to each medicine case and encourage the nurses to use it. Its very presence will be a suggestion, and the habit of looking up

the drugs which are being given will be readily acquired.

May I not plead for a trial of new methods? The subject is badly taught in most hospitals and it is the method of teaching, not the subject itself, which is responsible. The ignorance in this branch displayed by our nurses is both pitiful and dangerous. A little more care and attention given to this much-hated and much-neglected subject will bring results out of all proportion to the time and labor involved.

Ohio.

The graduating exercises of the Canfield-White Hospital Training School for Nurses, Cleveland, took place at the Euclid Avenue Presbyterian Church, East One Hundred and Seventh street. Rev. P. B. Stroup made the opening prayer. Miss Florence N. Maileue introduced the speaker, Dr. James C. Wood, who addressed the nurses on "The Co-operation of the Trained Nurse in Surgical Work and the Great Benefits That Accrue Therefrom."

Solos were given on the harp by Miss Cafarelli, and piano by Miss Senta Rosenthal, and Mr. E. Jackson, who is possessed of a fine baritone voice, sang two selections.

Dr. Mary H. White conferred the diplomas in a few well chosen words. Dr. Martha A. Canfield presented each nurse with a hospital medal and memory motto.

Little Miss Mary Wirsching distributed flowers and favors very prettily. The graduates were Hercey M. Alden, Louise B. Hensinger and Olive B. Woodman. After the commencement a banquet was held at the hospital, many friends of the institution being present.

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Illinois.

The graduating exercises of the Chicago Baptist Hospital Training School for Nurses were held June 7th, at 8:30 P. M., in the Memorial Church of Christ. Diplomas were presented to Frances M. Steinhoff, A. Louise

Mower, Mary Warren Althoff, Buelah F. Gribble, Cholro O. Gribble, Edith K. Longhurst, Mollie B. Smith, Clara M. Johnson, Alice J. Potter, Pearl E. Monroe, Alma Nelson Spalsbury, G. Eleanora Felland, Cholra O. Harrison.

The Wesley Hospital Training School for Nurses (affiliated with Northwestern University), of Evanston, held graduating exercises on the morning of June 8th, at the Northwestern University Gymnasium. Diplomas were awarded to Ethel E. Ennis, Elizabeth Wolfe, Matilda Louise Zilch, Ada Bell McCleery, Nellie Louise Wilder, Mabel Clara Barton, Elizabeth V. Condell, Gretchen Deach, Manetta Rebecca Bell, Frances Regina Wilson, Ethel Rozella Rest, Olivia Anna Theresa Peterson, Virginia Blanche Killingsworth, I. Anna Carpenter Hall, Edna Allison Furguson, Laura Elizabeth Crawford, Blanche Alice Meyers, Vera Howard Murry, Helena Van Winkle, Edna May Brand, Ella Augusta Baker and Irma Estel Neff.

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Personal.

Miss Alma C. Carlstrom, of Chicago, sailed for Europe the 26th of May. She intends to spend a most delightful vacation with relatives and friends. Miss Carlstrom, who is a graduate of the Washington Park Hospital Training School, Chicago, class of '09, will return to Chicago in the Fall, where she will take up private nursing.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE.

The National Societies.

The Sixteenth Annual Convention of the American Society of Superintendents of Training Schools for Nurses was held in New York City May 16th, 17th, at the Academy of Medicine, 17 West Forty-third street.

The meeting was called to order May 16th, at 10:15 A. M., by the president, M. Adelaide Nutting. Rev. Henry Lubeck, LL.D., D.C.L., rector of Zion and St. Timothy's Church, invoked the divine blessing on the assembly.

Address of welcome by President Finley, of the College of the City of New York. President Finley traced the progress and development of the nurse from her first appearance in mythology to the present day. His remarks were laudatory and appreciative of the value of the profession in the broader interpretation of its purport.

"The nurse to-day is a warrior with foes invisible and insidious, a modern Joan of Arc." In the epoch now beginning the psychological aspect of nursing is prominent. "Psychical bacilli" as well as physical must be overcome. The nurse must come "close to the souls as well as the bodies of men," and for this President Finley recommends the highest possible intellectual training, the inculcation of a spirit of readiness and self-abnegation; such discipline as fits men for war.

Response by Georgia M. Nevins. Miss Nevins thanked President Finley for his cordial welcome and his understanding and appreciation of the profession, saying that the provinces get the inspiration of the year from this visit to New York. She closed with a reference to the great loss to all nurses in the death of Isabel Hampton Robb, paying in a few well chosen words such tribute to Mrs. Robb as only such a great loss could inspire.

Address of President M. Adelaide Nutting. Miss Nutting spoke first of Mrs. Robb, of the great personal loss placed even before her

great work. She was first a great woman, and then a great nurse.

She then spoke of the death of Miss Isla Stewart and the association's sympathy with England.

The Superintendents' Society now has 350 members. In Miss Nutting's opinion the training schools are the pivots on which nursing must turn and advance. Their heads must be women of power and ability. Undereducation is the cause of our deficiencies. High standards must be upheld. There is ground for encouragement. We grow and change and must be ever ready for the new.

Isabel McIsaacs spoke of Mrs. Robb from the standpoint of her pupil associate and personal friend. A committee consisting of Miss McIsaacs, Miss Dock and Miss Nevins was appointed to prepare resolutions to express the convention's sorrow and loss in Mrs. Robb's tragic death.

Mrs. Helen Hartley Jenkins, who recently gave so generously to the work of the Hospital Economics course at Columbia, was introduced.

Report of the council by the secretary, M. Helena McMillan, read and accepted. Resignation of Miss Linda Richards read. Voted not to accept this resignation and to extend to her honorary membership for life. The secretary was instructed to telegraph her of this action.

Voted to send a cablegram of greeting to Florence Nightingale. The chair appointed for this a committee consisting of Misses Goodrich, Maxwell, Hay and Delano.

Voted to send a telegram of greeting to Miss Drown. Appointed for this Misses Riddle, Delano and Stowe.

Treasurer's Report, Anna L. Alline, read and accepted.

Standing Committees.

Hospital Economics Course, Annie W. Goodrich. The course at Columbia is now known as "The Department of Nursing and

Health," and its divisions are: Teaching, General Supervision Public Service, and Preparation for Training School Course. Report accepted.

The Committee recommends that a chair to be known as the Isabel Hampton Robb chair be established as a memorial to Mrs. Robb. A preliminary committee, chairman, Isabel McIsaacs, was appointed to consider this recommendation and to appoint a committee as a Robb Memorial Committee.

Committee on Red Cross work discontinued. Voted to create a new committee to be appointed by the council as an Advisory Committee to the National Red Cross Nursing Organization.

Announced that the committee appointed to confer with the Civic Federation of Women's Clubs was discontinued.

Discussion on the necessity for State and local societies of training school superintendents.

Miss Nutting, Miss Alline, Miss Noyes and others.

The trend of the discussion was that local societies are needed; are helpful where they have been established; are hard to establish.

Voted: That a Committee on Revision of the By-laws be appointed by the council.

Adjourned.

Afternoon Session.

Call to order 2:25 P. M.

Report of Committee on Education, Helen Scott Hay, chairman.

Miss Hay said that her committee had been made up of women who were specialists in various branches of training and that each would present her specialty. Miss Ayres, of the Manhattan Eye and Ear Hospital, of New York City; Miss Russell, of Sloane Maternity Hospital, New York, and Sister Amy, of the Children's Hospital, Boston, gave accounts of the need for special training, the time required and the methods employed and desired in each of these branches.

Affiliation of the general with the special hospital the best method where practicable. A graduate of a special hospital in charge of a special ward in the general hospital as second choice.

Three to six months undivided time for each specialty with definite course of study and instruction therefor.

The discussion brought up the subject of

electives, but while many thought it well to choose specially fitted nurses for this special training, the making of an elective course was not favorably received on the ground that it might interfere with the hospitals' need.

Paper: "The Problem of the Child in the Hospital," Amy McMahon, of the Johns Hopkins Hospital, Baltimore, Md.

Ross Robertson, of Toronto, introduced by Miss Nutting, spoke appreciatively of nurses and told of the very considerable work he has been able to do, and hopes to do, to improve living conditions in nurses' homes.

Henry G. Parsons was introduced and told of the work done in establishing childrens' gardens in New York City.

Adjournment.

Tuesday, May 17th.

Report of Council.

Report of Auditors.

Report of Progress in Army and Red Cross Nursing, Jane A. Delano.

Report on Developments in Navy Nursing, Esther V. Hasson.

Continuation of Report of Committee on Education.

Nursing of Nervous and Insane.

Sara T. Parsons, Massachusetts General Hospital. Miss Parsons recommends six or nine months for this specialty. Discussion to the effect that it should not be part of general curriculum, but preferably post-graduate work. Knowledge of psychology essential.

Report of Special Committee on Post-Graduate Work, Annie Goodrich, chairman.

Miss Goodrich advocated post-graduate work for specialization. It should not be developed as a means of supplying the deficiencies of training school courses.

Miss Dock obtained the floor and recommended the assembly to take some definite action to secure fair treatment of training school superintendents by hospital authorities, citing two instances wherein such action would be pertinent. Miss Nutting explained that in the one case the council, which represented the society, was making careful inquiry. In the other case she expressed regret that a matter of a personal nature should have been thus put before the meeting. The superintendent whose course of action had been related by Miss Dock obtained the floor and spoke tersely in defense of her position.

Tuesday, 2:15 P. M.

Paper: "Student Government in Colleges." Julia Stimson, Harlem Hospital.

Paper: "How Far the Principles of Student Government May Be Applied to Training Schools." Luella Goold, Memorial Hospital, Tacoma, Wash.

Discussion. Misses McEchnie, Greenwood, Hay, Carr, Maxwell and Sister Amy.

Paper: "The Preparation of the Teacher for the Training School." Lydia Anderson, Mount Sinai Training School.

Paper: "Ward Supervision." Georgina J. J. Sanders, Polyclinic Hospital, Philadelphia.

Voted, that the Council appoint a committee to consider the application of student government to the training school.

Voted, that the Council appoint a committee to study the relative merits of graduate and student head nurses.

Address: "Relation and Proportion of Theory to Practice in Vocational Training." Dr. F. M. McMurray, Professor of Elementary Education, Teachers' College, Columbia University.

The "Relation and Proportion of Theory," as expounded by Dr. McMurray, while keenly interesting from the purely pedagogic standpoint, was unpractical and impracticable from the nursing training school point of view, as was evidenced by his suggestion of the division of time spent in theory and practice, "half and half."

New officers introduced.

The next meeting to be held in Boston.

Adjournment.

A joint meeting of the American Society of Superintendents of Training Schools for Nurses and the Nurses' Associated Alumnae of the United States was held at Teachers' College, Columbia University, in the Horace Mann Auditorium, on Wednesday, May 18th, at 2 P. M. The subject of this session was the occupation of invalids, and a large and interesting collection of work done and methods of working was on exhibition in one of the college rooms.

The formal programme was:

Address of welcome, James E. Russell, LL.D., Dean of Teachers' College.

Dean Russell spoke of Mrs. Robb, of his personal knowledge of her ability and her

never flagging zeal in putting her profession on a higher educational basis.

Paper: "The Training of the Nurse as Instructor in Invalid Occupations." Miss Susan E. Tracy, Jamaica Plains, Mass.

Paper: "Successes and Failures in the Use of Occupation as a Therapeutic Agent." Dr. Mary Lauson Neff, Long Island State Hospital.

Paper: "Manual Work as a Remedy." Dr. J. Herbert Hall, Marblehead, Mass.

Dean Russell, at this point recognized Dr. Livingstone Ferraut in the audience and asked him to speak. Dr. Ferraut spoke most instructively about his experience with occupation and non-occupation in tuberculosis cases.

"Not on the programme, but the best thing we have had," was overheard in the audience.

Paper: "What Art May Contribute to Instruction in This Field." Professor Arthur Wesley Dow, Teachers' College, Columbia University.

The Nurses' Associated Alumnae of the United States held its thirteenth Annual Convention at Mendelssohn Hall, 113 West Fortieth street, New York City, on May 18 to 21, 1910.

The morning session of Wednesday, May 18, was devoted entirely to registration of delegates, members and visitors; the payment of dues; issuing of tickets for the Nightingale commemorative celebration and for the harbor trip for Saturday. The afternoon session, a report of which is given above, was held jointly with the Superintendent's Society, at Teachers' College.

The session of Thursday morning opened at 10:10. Jane A. Delano, president, in the chair.

The divine blessing was invoked by Rev. Henry Sloane Coffin, D.D.

Address of welcome, Dr. S. S. Goldwater.

Response to address of welcome by Isabel McIsaacs.

Roll call of affiliated societies.

Announcement made by Miss Delano of the absence from the convention of three women, usually so prominent: Miss Palmer, now convalescing, after a serious operation; Miss

Damer, suffering with serious eye trouble, the result of an accident, and Mrs. Robb, whose tragic death occurred so recently.

Tributes to Mrs. Robb followed. Among those who spoke were Miss Hay, Miss McIsaacs, Miss MacMillan and Miss Nutting, who spoke on Mrs. Robb's influence and share in the work at Columbia, and in general her work along educational lines.

Announcement made of the death of Miss Upjohn, who died at sea, May 10. A tribute to her by Miss Edna R. Foley, read by the secretary.

Report of the secretary, Agnes G. Deans, read and accepted.

Report of Treasurer Anna S. Davids, read and accepted.

Reports of standing committees, eligibility, nominating and programme, accepted.

Address of President Jane A. Delano.

Miss Delano laid emphasis on two epochs of nursing. The first, the epoch of Florence Nightingale and the establishment of the training school; the development from the need as evidenced in relief work at Solferino. The second, the epoch on the threshold of which seventy-five thousand nurses now stand: the epoch of preventive work.

That nurses and nursing are challenged constantly is a hopeful sign, an incentive to progress and improvement.

The great work of this epoch is to be along social lines; "the nurse is privileged to pass the gulf between high and degraded without contamination" and thus to help this class is particularly her field.

The word for the future is "cultivate the general good for all."

Demonstration of a Registry System. Dr. Marion A. Meade, Minnesota.

Dr. Meade explained, from a model, an extremely simple, practical and effective registry system. Her remarks were full of humor and her personality so pleasing that, no doubt, to it is partially due the success of her registry. Questioned as to what was her office force, she replied, "Myself and a collie dog,"

Announced: Committee on resolutions—Miss Hartridge, Miss Giles, and Miss Fagan. Inspectors of election—Miss Golding, Miss Kelly, and Miss Mack.

Voted: That the chair appoint a preliminary committee, this committee to appoint a committee to confer with the committee appointed

in like manner by the Superintendent's Society to decide on a fitting memorial for Mrs. Robb. The chair reserved the appointment.

Announced: That invitations had been received to hold the next annual meeting in Boston, in St. Louis, and in Chicago.

Miss Delano spoke of the very considerable work and inadequate pay therefor of the secretary, and made the recommendation that the society consider the appointment of a field secretary whose duties should be the furthering of Associated Alumnae interests, Red Cross work and the American Journal of Nursing, and that she be maintained by these three organizations, jointly.

Voted: That messages of greeting and good wishes of the association be sent by the secretary to Miss Drown, Miss Richards, Miss Damer and Miss Palmer.

Afternoon Session, 2:15 P. M.

Symposium on Private Duty Nursing. Katherine De Witt, presiding.

Paper, "Some Aspects of Private Duty Nursing." Ruth Brewster Sherman, Baltimore.

Miss Sherman's paper was read by Miss De Witt.

Paper, "Special Duty Nurse in Institutions." Caroline C. Foote, Chicago.

Miss Foote's paper was read by Miss Jones.

Paper, "Private Duty in Rural Homes." Margaret Peppoon, San Diego, Cal.

Discussions on these papers by Miss Durkee, Mrs. Morrisson and others.

MISSIONARY NURSING.

Address, "Opportunity for Nurses in China." Sarah C. Tomlinson, a missionary nurse.

Address, "The Awakening World." Rev. Samuel Zwemer, D.D.

By special request Mr. Henry Parsons repeated for the Alumnae his descriptions of Children's Gardens, given before the Superintendents' Society. His address was heard with much interest, and many accepted his invitations to visit the "gardens" about the city.

Announced: The preliminary committee on the Robb memorial to consist of Anna L. Alline, Genevieve Cooke and Clara D. Noyes.

Friday Morning Session, Opened 9:40 A. M.

Report of Interstate Secretary, Miss Agnes G. Deans, read and accepted.

Miss McIsaacs announced that the Ameri-

can Journal of Nursing would be responsible for the payment of \$300 annually, as its share of the expense of a field secretary, should such office be created, according to Miss Delano's plan.

Reports of special committees.

District Nursing. Mary E. Lent, Baltimore, read by Mrs. Sly.

Public Health. Mrs. Colvin, read by Miss Dock.

Tubercular Nursing. Edna R. Foley, Chicago, read by Mrs. Tice.

Insane Nursing. Sara Parsons, Boston.

Pension Fund. M. E. P. Davis, Washington.

This committee had been continued for three years; had made thorough and exhaustive investigations of pension and insurance systems, but had found them inapplicable to this organization. The committee had nothing to recommend for a pension or relief fund instituted and carried on by a nurses' organization for its members.

Considerable discussion was evoked by this report, and the suggestion that more desirable than a pension system was the inculcation of habits of thrift in the individual met with a response, the meaning of which was easily reducible to the principles of socialism.

The committee was dismissed with a vote of thanks to Miss Davis for her painstaking investigation.

Almshouse Nursing. L. L. Dock, with supplementary reports by Mrs. Tice.

No formal action was taken on these reports.

Report of International Council of 1909. Lavinia L. Dock.

The Council of 1912 will be on social and preventive aspects of nursing.

Report on the progress of Red Cross Work. Jane A. Delano.

Announced: That the Robb Memorial Committee to confer with the committee appointed by the Superintendents' Society is composed of Miss Delano, Miss Riddle, Miss Dock, Miss McIsaacs and Miss Palmer.

Report of Committee on Reorganization. Genevieve Cooke, California.

Name: General discussion; no definite action. Federation of Nurses' Societies of the United States favorably commented upon.

Meetings: Voted to instruct the reorgani-

zation committee to recommend meeting once in two years.

Organization: Voted that the committee recommend an organization of individuals paying dues.

Dues: That the committee recommend that individual or permanent members pay dues of \$1.00 yearly. An attempt to amend this motion to make dues include subscription to the American Journal of Nursing was lost.

A motion to reconsider the original question was lost.

Officers: Voted that this committee recommend a council composed of presidents of affiliated State societies to act with the board of directors.

Nominations: Voted that the committee recommend that any name shall have ten indorsements before being considered by the nominating committee.

Voted that this committee recommend that State associations remain affiliated as at present, with one vote.

The question of the unit of membership was referred back to the committee for further consideration.

Friday, P. M.

Called to order 2 p. m.

Paper: "Nursing Care of the Insane," Dr. William Mabon, New York.

Paper: "Ethics," Helen Scott Hay, Chicago.

Miss Dock reported that the joint deliberations of the Robb memorial committees of the two societies resulted in the following:

The committee recommends that a fund of \$50,000 be established, to be known as the Isabel Hampton Robb Fund, this fund to be maintained for scholarships for special training in educational institutions of nursing.

Voted that the recommendation of this committee be adopted and arrangements made for carrying out the plan.

Pledges approximating \$2,000 in amount were at once made with great enthusiasm.

Voted that the executive committee be empowered to increase the salary of the secretary, according to the recommendation of the president, Miss Delano.

Voted to elect from this association a field secretary, to be maintained by the Red Cross Society, the American Journal and the Associated Alumnae conjointly, and whose work

shall be the furtherance of the interests of each organization. On the nomination of Anna S. Davids, Isabel McIsaacs was unanimously elected to this new office.

Election returns, announced by Miss Golding:

270 votes cast, 3 of which were illegal.

For president, Jane A. Delano, 267 votes. First vice-president, Helen Scott Hay, 170 votes; Mrs. A. R. Colvin, 97 votes. Second vice-president, M. E. Fisher, 166 votes; Eva A. Mack, 101 votes. Secretary, Agnes G. Deans, 267 votes. Treasurer, Mrs. C. V. Twiss, 142 votes; Anna G. Davids, 125 votes. Directors for three years, Isabel McIsaacs and Anna Maxwell.

After the introduction of new officers, Miss Delano spoke most pleasingly as she said "the outgoing and incoming president." She spoke for the unanimity of spirit and purpose necessary for the furtherance of the association's welfare, and for the welfare of the profession. Her message for the delegates going back to their home societies was "work together."

A rising vote of thanks was given Miss Davids for her long and efficient service as treasurer.

Appointment of nominating committee by the chair: Miss Loomis, Miss Gillette. From the floor: Miss Davids, Miss Milne and Mrs. Nichols.

Report of committee on resolutions read and accepted.

Discussion on the place of next meeting. A motion to hold the next meeting in "the Middle West" was lost.

Mrs. Tice withdrew the invitation issued by Chicago in favor of the invitation issued by Boston.

Voted that the invitation to hold the Convention of 1911 in Boston be accepted.

Voted that thanks be sent to St. Louis for its cordial invitation to meet there.

Adjournment.



New York.

The graduating exercises of the Metropolitan Training School, Blackwell's Island, New York City, were held on May 21st.

Among the speakers was Miss Jane A. Delano, Superintendent of the Army Nurse Corps, Surgeon General's Office, Washington, D. C., who urged the nurses to take advantage

of every opportunity to prepare themselves as teachers, as this seemed to be the field of greatest opportunity and usefulness. In private duty there was much opportunity where advice was wisely given, especially in contagious diseases; there was a wide field in school or district work and the increasing number of positions always open in institutions.

Four prizes awarded the graduating class were won as follows:

The Egbert Guernsey Prize, \$50, Jessie Paton Allan.

The Cosmo D. O'Neil Prize, \$50, Elvira Sutland Treacy.

The prizes for best bedside record and temperature chart, a hypodermic, Jessie Paton Allan; a thermometer, Caroline Louise Goetchius.

Two prizes awarded the intermediate class were won by Caroline Wilde, \$25; Maud Ezma Charlton, medicine spoon.

Each member of the class was presented with a beautiful bouquet of roses by Hon. Michael J. Drummond, Commissioner. A modified version of the hippocratic oath was administered by Mrs. William Kinnicutt Draper, President of the Advisory Board, after which the diplomas were presented.

The following is the form of oath as administered:

"You do solemnly swear, each one by whatever she holds most sacred:

"That you will be loyal to the physicians under whom you serve, as a good soldier is loyal to his officers.

"That you will be just and generous to all worthy members of your profession, aiding them when it shall be in your power so to do.

"That you will lead your lives and practice your profession in uprightness and honor.

"That into whatsoever house you shall enter, it shall be for the good of the sick to the utmost of your power, and that you will hold yourselves aloof from all temptation.

"That whatsoever you shall see or hear of the lives of men and women, whether they be your patients or members of the households, you will keep inviolably secret, whether you are in their households or among your own friends.

"If you accept these obligations let each one bow the head in sign of acquiescence.



GRADUATING CLASS, METROPOLITAN HOSPITAL, BLACKWELLS ISLAND, NEW YORK CITY.

"If you shall be true to your word may prosperity and good repute be ever yours; the opposite if you shall prove yourselves forsworn."

FLORENCE NIGHTINGALE CELEBRATION.

Exercises in commemoration of the fiftieth anniversary of the founding by Florence Nightingale of the first training school for nurses were held at Carnegie Hall Wednesday evening, May 18th, at 8:30 o'clock, in which the following prominent speakers took part: Invocation, Rt. Rev. David H. Greer, D.D.; Opening Address, Professor Henry Fairfield Osborn, of Columbia University; "The Soldier Nurse," Colonel John Van R. Hoff, Medical Corps, United States Army; "What Florence Nightingale Did for Mankind," the Hon. Joseph H. Choate; "The Influence of the Trained Nurse Upon Developments in Medicine," Dr. William Polk, Dean of Medical School, Cornell University; Benediction, the Rt. Rev. Monsignor Lavclle, representing the Archbishop of New York. The choirs of St. George's Church and of the Cathedral of St. John the Divine furnished the vocal music, and Mr. Homer Norris was at the organ. The hall was beautifully decorated and the arrangements were carried out with great perfection. There was a very large audience.

RED CROSS NURSING ORGANIZATION.

The New York committee on Red Cross Nursing Service has decided to begin the work of establishing local committees by dividing the different counties among five or six districts, with headquarters at Rochester, Syracuse, Albany, Manhattan and Brooklyn. After these committees are thoroughly established and the number of enrollments warrant it, the number of local committees will be increased. The most noticeable feature of the plan of organization for Red Cross Nursing organization which has been prepared by the National Committee is the recognition given to the nursing organizations. In every case when a committee is to be appointed, whether National, State or local, the candidates for membership on it are nominated by the nursing organization. Also if a nurse wishes to enroll and is a member of any nurses' society, she must be endorsed by her

society in order to be eligible for enrollment. It will take considerable time to get all the committees to work, but it is believed that the system will make the enrollment for Red Cross Nursing Service truly National in every sense of the word.

These local committees will meet monthly and their principal work will be to look after the enrollment and to decide upon the headquarters for enrolled Red Cross nurses in their district. It is also the duty of the local committee "to send the circular of information to the superintendent of training schools, secretaries of alumnae associations and other nursing organizations in their locality, to arrange for Red Cross meetings for nurses and to advance in every way possible the nursing service of the Red Cross."

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Massachusetts.

The Spring meeting of the New England Association for the Education of Nurses was held in Huntington Hall, Boston, on May 20 and proved to be unusually interesting. The subject of the evening was: "The Education of Nurses for People in Moderate Circumstances."

Dr. Palmer in his opening address spoke of the general movement for the conservation of the national health and of how much is being done to reduce the death rate from preventable diseases. He spoke of the rich having the trained nurse and the poor the district nurse to care for them, but said a large middle class was left unprovided for. He then, after mentioning some of the solutions proposed for the problem, introduced Miss Frances H. Bescherer, head nurse of the Guild for the Care of the Sick, in Albany, N. Y.

Miss Bescherer, in a paper entitled "A Partial Solution of the Problem for Supplying Nurses for People of Moderate Income," told of the work of the Albany Guild, of its two and one-half years' course for trained attendants or "domestic nurses," with theoretical lectures and practical lessons, and of the case work of pupils under careful supervision by a graduate and their daily reports. At graduation the nurse gets a certificate as a "certified Guild nurse," and she is allowed to make a maximum charge of \$15 a week. The school uses a sliding scale in its

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Is as necessary for Mother's baby as for Baby's mother

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charges to patients, charging according to their ability to pay, and it has been calculated a pupil brings in \$87.00 beyond her board and lodging.

Dr. Lefavour, of Simons College, who was to have opened the discussion, sent a letter of regret in which he said he did not consider that domestic nurses would interfere with trained nurses.

Dr. Alfred Worcester thought two solutions of the problem were possible. First, partially trained nurses, and second, student nurses. He referred to the White Cross Society of Holland, where first, second, third and fourth class certificates are given, a nurse being allowed to work up from a lower to a higher grade, if capable of doing so. Of the two solutions he recommended the student nurses, provided they were supervised by a graduate nurse. He also thought district nursing associations could co-operate.

Mrs. E. A. Codman, of the Boston Instructive District Nursing Association, suggested a central home, run on a business basis, which should be the headquarters of the District Nursing Association, affiliation to be made, if possible, with such other organizations as the Massachusetts General and Boston City hospitals, whose students could be sent out under supervision.

Miss Grogan, who had recently been traveling through New England, said she had spoken with the superintendents of various hospitals and they generally approved of student nurses as the solution of the problem.

Dr. Hugh Cabot did not approve of educating attendants, as it inflicted poorly trained and ill-bred nurses on the public. He thought the problem could not be solved by student nurses till the larger hospitals realized their responsibility to the community as well as themselves and were convinced they could carry out the scheme without increased expense.

The following officers were elected:

President, Dr. Lewis M. Palmer; vice-presidents, Dr. Richard C. Cabot (Mass.), Miss Ellen F. Paine (Me.), Dr. Henry C. Hall (R. I.), Miss Eva J. Cook (Vt.), Miss Ida F. Shepard (N. H.), Miss R. I. Albaugh (Conn.); secretary, Miss Annette Fiske; treasurer, Dr. Hugh Cabot; Executive Committee, Miss Lucy Ayres, Sister Amy Margaret, Miss Emma A. Anderson, Dr. G.

S. I. Badger, Mrs. H. L. Burrell, Miss Adeliza Betts, Mrs. E. A. Codman, Miss Louise Coleman, Miss Beatrice De Veber, Miss A. N. Flash, Mrs. Harry Houghton, Miss Sarah Hayden, Dr. W. O. Mann, Miss Frances E. Morley, Miss Ella McCobb, Miss Emma M. Nichols, Dr. F. W. Patch, Mrs. William T. Piper, Miss Parsons, Miss Mary A. Riddle, Dr. F. H. Thompson, Miss Susan E. Tracy, Mrs. W. W. Vaughan, Dr. F. A. Washburn, Dr. Grace Wolcott, Dr. Alfred Worcester, Dr. George Tuttle.

Nurses' Examination.

POST-GRADUATE SCHOOL OF THE BOSTON FLOATING HOSPITAL.

Express your meaning CLEARLY. Reread your answers.

1. What is the object of the addition of cereal diluent, such as barley water, to milk mixtures?
2. What temperature should be provided for a premature infant?
3. What would you do, until the doctor arrived, for a child taken suddenly with convulsions?
4. What is meant by the term "cream"? How is cream obtained at home?
5. What is meant by the term "Lavage" and "Gavage," used in the treatment of gastric diseases? Method of giving the same.
6. Describe the signs of onset of acute febrile disease in childhood.
7. Describe the anterior fontanelle.
8. What are the reasons for giving castor oil in Infectious Diarrhoea? Its dose for the usual two-year-old child?
9. What must be done to whey before it is mixed with cream or milk?
10. What is the difference between the cry of pain and that of hunger?

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Connecticut.

The Alumnae Association of St. Francis Hospital, Hartford, held its semi-annual meeting at the hospital May 12, 1910.

Miss N. A. Ryan, R. N., president, in the chair. Ten new members were elected to membership in the association.

Interesting papers were read: "Kindness," by Miss M. A. Ahern; "Surgical Experiences," by Miss M. G. Murphy; "Semi-Trained Nurse," by Miss S. A. McNabb.

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the soap used cannot do what

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does, leaving the skin clear with a soft,
velvet texture—the gratifying “dull finish”
of refinement. It is made different—there-
fore it gives different results.

FOR TOILET AND BATH

Miss R. I. Albaugh, R. N., gave a very interesting talk to the Association regarding the necessity of nurses carrying an insurance as a protection for the future.

The graduating class of 1910 were given a reception by the Alumnae Association.

The following nurses have recently received their diplomas: Mary Josephine Barrett, Mary Margaret Moore, Mary Teresa Sullivan, Elizabeth Irene Sparadoski, Mary Elizabeth McEnanny, Loretta B. Donahue, Sarah Cecilia Martin, Helen Amelia Bligh, Alice Francis Nash, Annie Zita Lynn.

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Pennsylvania.

The Fifth Commencement of the Harrisburg Hospital Training School for Nurses was held Thursday evening, May 26, 1910, in the Memorial Hall of the Harrisburg Hospital, Harrisburg, Pa.

Miss Clara M. Swank, the Superintendent, gave a very interesting and encouraging report of the Training School.

The address to the graduating class was delivered by Rev. John Mills Gilbert. The presentation of the diplomas was by Professor William S. Stule, of the Harrisburg High School, and the school badge was presented by Dr. F. W. Coover, M.D., Dean of Staff of Surgeons and Physicians of Harrisburg Hospital.

Updegroove's String Quintette furnished the music for the evening.

Following the exercises Mrs. Henry McCormick gave a reception.

The following are the graduates:

Miss Martha Offman, Miss Fredericka Clausen, Miss Mary Dettling, Miss Anna Grace Robins, Miss Louise Pattison, Miss Clara Orelia Redmond, Miss Emma Eliza Swomley, Miss Susan Catherine Hoofnagle.

The Second Annual Meeting of the Nurses' Alumnae Association of the Harrisburg Hospital was held Thursday, May 26, 1910, at the hospital.

The new officers for the coming year were elected as follows:

President, Miss Almeda Morrison; first vice-president, Miss M. May Stoner; second vice-president, Miss Josie Lewis; secretary, Miss Frankford Lewis; treasurer, Miss Jessie McClure.

The membership of this year's graduating class were elected to membership of the Nurses' Alumnae. The members are as follows:

Miss Martha Elizabeth Offman, Miss Fredericka Clausen, Miss Mary Dettling, Miss Anna Grace Robins, Miss Louise Patterson, Miss Clara Orelia Redmond, Miss Emma Eliza Swomley, Miss Susan Catherine Hoofnagle.

The Alumnae Association of the Philadelphia Lying-in Charity Hospital Nurses' School gave a reception for the graduates and friends of the class of 1910 in the lecture room of the hospital on Friday evening, June 3d, at 8 P. M. The lecture room was beautifully decorated with flowers and the school colors—navy blue and yellow. Those present had a very delightful evening in the reunion of friends and classmates, and many stayed to enjoy dancing and refreshments.

The regular monthly meeting of the Alumnae Association of the Philadelphia Lying-in Charity Hospital was held on Friday evening, June 3d, before the reception to the graduating class of 1910.

Miss M. Wright, president, in the chair. Seventeen members present at the meeting. Minutes of last meeting read and approved. One new member received in the Association. Meeting adjourned to meet the Reception Committee and attend the reception in the lecture room. Next Alumnae meeting first Thursday afternoon in September at 3 o'clock.

The Seventeenth Annual Commencement of the Training School for Nurses of the Jewish Hospital of Philadelphia were held Monday, May 30th, at 3 o'clock P. M. The address to the graduates was by Dr. E. E. Montgomery, and the diplomas were presented by Mr. William B. Hackenburg, president of the hospital. A very interesting feature of the programme was the presentation by Mr. Edward Stern, of the following prizes:

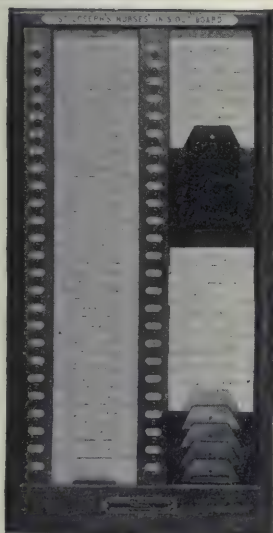
To Miss Mary Jacobs, the Matilda Kaufman Gold Medal, for having made the best general average covering a period of three years, the full term of instruction.

The Joseph L. Greenwald Prize of \$25 in gold to Miss Ida E. Fretz, for the highest



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average in practical nursing for the same term.

The Rosalie Feustmann Prize of a nurse's emergency bag, to Miss Margaret G. Breslin, who showed the greatest efficiency in the management of a ward.

The Sydney L. Feldstein Prize of \$10 in gold to Miss Mabel C. Frost, for the highest general average in obstetrics.

The David Kirschbaum Prize of \$10 in gold for the highest general average, to Miss Fanny Sydnor Hall, of the Intermediate class.

The David Kirschbaum Prize of \$10 in gold to Miss Bluma Bayuk, for the highest general average in the Junior Class.

The graduates are:

Miss Anna F. Axler, Miss Margaret Gabrielle Breslin, Miss Ethel Florence Cornog, Miss Ida Estella Fretz, Miss Mabel Carrie Frost, Miss Nellie Antonina Gealt, Mrs. Linda Hughes, Miss Mary Jacobs, Miss Alma Elizabeth Krieg, Miss Margaret Roeschen, Miss Rae Rubens, Miss Thetosco Arline Smith, Miss Helen Smulyan, Miss Agnes Elise Osborne and Miss Annie Wharton.

The regular meeting of the Alumnae Association of the McKeesport Hospital was held in the ladies' parlor of the Masonic Temple, Wednesday, April 6th, at 3 P. M. Nine members were present. After roll call the minutes of the March meeting were read and approved. Treasurer's statement accepted as read. A committee was appointed to arrange for a new directory for nurses. After the transaction of other business the meeting adjourned to meet June 1st.

The regular meeting of the Alumnae Association of the McKeesport Hospital was held in the ladies' parlor, Masonic Temple, June 1st, at 3 P. M. All reports were read and accepted as read. The meeting adjourned to meet first Wednesday in August.

Miss Flora Keith, graduate of the Class of 1905, was married June 2d to Mr. George Norman. Mr. and Mrs. Norman will live in Elizabeth, Pa., until Fall.

At the end of the Winter term, 1910, the following students received their diplomas at the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., in the Swedish System of Mas-

sage, Medical and Corrective Gymnastics, Electro and Hydro-Therapy:

Susanna Sinclair, Lettie V. Kugler, Elma Armstrong, Mary M. Crotty, Marion C. Wanbaugh, Anna Gebhart, Annabelle Shearer and Adrian Uilkens.

In the Swedish System of Massage, Medical and Corrective Gymnastics and Hydro-Therapy, Kathryn H. Montgomery, Philadelphia, Pa.

Among the students taking the Spring course at the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., are the following trained nurses:

Miss Fannie Maria Brooks, Suanemin, Ill.; Miss Sarah H. Hanley, Bridgeport, Conn.; Miss Catherine A. Sproul, Cambridge, Mass.; Miss Ethel Oriol Rea, Saginaw, Mich.; Miss Eva M. Rea, Saginaw, Mich.; Miss Clara B. Beauford, Menominee, Mich.; Miss Margaret J. Foresman, Allenwood, Pa.; Miss Annie Freeman Tidy, Boston, Mass.; Miss Katherine Stevenson, Owen Sound, Ontario; Miss Ruth Bennett, Peoria, Ill.; Miss Hallie Cyrena Cord, Needles, Cal.; Miss Nellie Scott Byram, Cortland, N. Y., and Miss Mabel F. Gray, Winnipeg, Manitoba.

The Nurses' Alumnae Association of the Woman's Hospital held its last Summer meeting at 922 Spruce street, Philadelphia, on June 8, 1910.

The minutes and reports of the corresponding secretary and treasurer were read and accepted. The auditing committee made the semi-annual audit of the treasurer's books and found them correct.

At the May meeting the Association endorsed the replies made by the State Board of Registration to the recent articles in the Philadelphia papers, attacking the Board and registered nurse and expressed this approval by directing that a letter be sent the secretary, Dr. Albert E. Blackburn, to this effect.

On May 25, the commencement of the Nurses' Training School of the Woman's Hospital was held in Clinic Hall. This was tastefully decorated in yellow and gold. A class of ten was graduated. Each one was present to receive her diploma, which was presented by Miss Meta Biddle. Dr. Alice M. Seabrook gave a report of the school and presented four honor prizes to three of the



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It has all the fascinating qualities of coffee or tea, but **none** of the harmful effects.

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class. Addresses were made by Rev. W. H. Graff, D.D., and Dr. Margaret F. Butler. Miss Helen F. Greaney was to address the class in behalf of this association, but, being unavoidably absent, her paper was read by Miss Anna M. Peters. May 26 the association, as usual, gave a tea to the class. This was held at the Philadelphia Club for Graduate Nurses. The club rooms were prettily decorated with the school and alumnae colors and beautiful flowers. A pleasant, social afternoon was enjoyed by about fifty nurses and friends.

Miss Elizabeth D. Slaughter gave an interesting report of the Associated Alumnae meeting in New York, in May.

There was a committee appointed to work out plans for securing a nurse for playground or Summer school work in Philadelphia this year.

After routine business the association adjourned until October 12.

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Maryland.

The first annual commencement and graduating exercises of the Training School for Nurses of St. Luke's Hospital, Baltimore, took place June 6th in the auditorium of the Baltimore Business College, Charles and Saratoga streets. Seven young ladies received diplomas. They were Miss Edna Heaton Barnard, Maryland; Miss Eva E. Gibson, Miss Maude Basilla Gray, Maryland; Miss Nellie May Hutchins, Maryland; Miss Emma Maley, Pennsylvania; Miss Bessie C. Maumaw, Miss Mazie May Snyder. The programme consisted of musical selections and addresses by Dr. Charles Leslie Rumsey and Mr. Addison E. Mullikin, of the Baltimore Bar.

Rev. Charles E. Young, dean of Morgan College, offered prayer. The diplomas were conferred by Dr. William M. Pannebaker, president of the Board of Directors of the Hospital.

During his address Mr. Mullikin paid an eloquent tribute to the personal characteristics of the late President William McKinley, who, he declared, was the "embodiment and personification of gentleness." A glowing tribute was paid Miss S. Elizabeth Hurren, superintendent of nurses, by Dr. Rumsey for her work in the hospital and with the nurses of the institution.

After the exercises the Superintendent of

the Training School and members of the graduating class held a reception at the Nurses' Home.

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Changes in Army Corps.

APPOINTMENTS.

Ethel M. Baker, graduate Illinois Training School, Chicago; Florence R. Churchill, Westboro Insane Hospital, Westboro, Mass., and New York Polyclinic; Elsie C. Dalton, Philadelphia General Hospital; Marie E. Kilcoyne, Milwaukee County Hospital, Milwaukee; Lyda Latham, City Hospital, Cincinnati, Ohio; Mary McEntee, Bellevue Training School, New York City; Lyda Rodgers, City Hospital, Cincinnati, Ohio; Margaret L. Todd, Bellevue Training School, New York City; Callie D. Woodley, St. Louis Training School, St. Louis City Hospital, St. Louis, Mo.

RE-APPOINTMENTS.

Virginia M. Himes, Government Hospital for the Insane, Washington, D. C., and New York Polyclinic; Mary C. Jorgensen, Troy City Hospital Training School, Troy, N. Y.

DISCHARGES.

Rose E. Abel, May 26, 1910; Hannah P. Morris, April 9, 1910; Millicent Stuart, April 8, 1910.

TRANSFERS.

Pearle B. Beecher, from General Hospital, San Francisco, to Manila, P. I., May 5; Bessie S. Bell, from San Francisco to General Hospital, Ft. Bayard; Emma Rothfuss, from San Francisco to General Hospital, Ft. Bayard; Pamela E. Tiernan, from San Francisco to General Hospital, Ft. Bayard, N. M.

JANE A. DELANO,

Superintendent Army Nurse Corps.

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North Carolina.

The Slater Industrial and State Normal School for Colored People, at Winston-Salem, N. C., through one of its trustees, William A. Blair, vice-president of the People's National Bank of that city, makes an earnest appeal for aid in raising \$12,000 needed to equip a training school for nurses. The State officers have offered \$12,000 if the trustees raise an equal amount, and the negroes of the community give their labor free, so that \$1 of outside aid brings in actually \$4 to the school. The trustees will appreciate any contribution, however small.

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is caused by the corpuscle-destroying action of the malarial plasmode or the devitalizing effect produced by infection with tape-worm, hook-worm or other intestinal parasite. After the removal of the cause

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Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

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is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

The school is one of the most important negro institutions in the South. One of the citizens of Winston-Salem recently offered \$5,000, if the trustees would raise the same amount, for the erection of a hospital to train colored girls as nurses. The trustees did raise the necessary \$5,000, and the negroes gave their labor, whereupon the State offered \$12,000. Only part of the necessary money has been got by the trustees. All contributions may be sent to William A. Blair, People's National Bank, Winston-Salem, N. C.

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South Carolina.

The bill for the registration of graduate nurses was passed at the last term of the Legislature. At the present reading of the bill the Board of Examiners is composed of medical men. The nurses of the State hope to accomplish an amendment of this reading, placing two qualified nurses on the board.

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Iowa.

On the evening of May 14th, the Iowa Methodist Hospital Training School Alumnae Association, Des Moines, held its annual banquet at the Savery Hotel, the members of the 1910 graduating class being guests of the evening. A program of toasts and music followed the dinner and letters from absent alumnae were read. Twenty-one alumnae were present. During the business meeting that followed the members of the association voted to edit a section of the Hospital Magazine, a monthly periodical published by the nurses and for the benefit of the alumnae of the Methodist Hospital. It was decided to establish a sick fund.

That Iowa may have nurses ready to send to the front to serve in any national emergency, a Red Cross headquarters will be established at Fort Des Moines, all examinations to be in charge of the surgeon of the Sixth Cavalry.

Miss Estella Campbell, treasurer of the Des Moines Registered Nurses' Association, has been named one of the five nurses in Iowa to have charge of the Red Cross nurse organization work in that State. The other members of the State organization are Miss Helen Peterson, of Sioux City; Miss Ida Neff, of Waterloo; Miss Anna Goodale, of Iowa City, and Miss Helen Balcum, of Dubuque.

The graduating exercises of the Nurses' Training School of the Iowa Methodist Hospital, Des Moines, Iowa, were held at the First Methodist Church on Friday, May 10th, fifteen nurses receiving their diplomas.

Miss Lucretia Hayes, of Des Moines, who has done private nursing in the city for some time, has taken up her new duties as superintendent of nurses in the Aberdeen, S. D., Hospital. May 3d, the evening previous to her departure, Miss Anna Bailey gave a farewell party at her home, 79 Eighteenth street, for Miss Hayes. Thirty physicians and nurses were present and enjoyed cards and dancing. A buffet luncheon was served by the hostess and the evening was highly enjoyed by the guests.

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Kansas.

The graduate nurses of Wichita, Kan., met at the Wichita Hospital and organized a graduate nurses' association on the night of May 26th. The object of the association is to help to procure State registration for nurses, to elevate and maintain the standard of nursing, to promote goodfellowship among the nurses and so extend sympathy and aid to those in trouble.

The following officers were elected: Miss Alma O'Keefe, president; Miss Margaret Davidson and Miss Nellie Pyle, vice-presidents; Miss Josephine Winters, secretary, with Miss Amy Smith, treasurer.

Much enthusiasm was shown by those present and it is to be hoped that the Association will grow and prove a success in every way, as it is something long needed in this city.

The Eleventh Annual Commencement exercises of the Wichita Hospital and Training School for Nurses were held May 6th, at the Trinity M. E. Church, West Wichita. The following nurses graduated: Misses Emma Neith, May Hodges, May Fetrou, Sarah Jordan, Nellie Pyle, Rhea Dickson, Elizabeth Morain, Sophia Dibble and Lieuthenia Anderson. After the exercises a reception was held in the nurses' parlors at the hospital for the graduates and their friends.

The Red Cross Hospital Training School for Nurses held commencement exercises Monday evening, June 6th, at the Tabernacle

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Baptist Church, Kansas City. The programme was made up of musical selections and an address by Rev. Homer M. Cook. Dr. H. C. Andersson presented diplomas to Miss Ferne Fleming, Miss Margaret Cunningham, Miss Stella Nesbit, Miss Mercedes Bowen, Miss Florence Millheiser, Miss Maud Smith, Miss Lillie Walker and Miss Helen Peacock.

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Colorado.

The class of 1910 of the Minnequa Hospital Training School for Nurses held graduating exercises on the afternoon of May 24th, at Casa Vivienda, Minnequa Hospital, Pueblo. Diplomas were presented to Effie Elizabeth Hall, Elsie Louisa Fischer, Annie Elizabeth Williamson, Anna Elizabeth Goodman, Katherine Muriel Lincoln, Della Alma Davis, Housie Ednar Campbell, Virginia Carnahan and Naomi Moore Kinsel. Dr. R. W. Corwin, president. The address to the graduates was by Rev. Allan A. Tanner. There were both vocal and instrumental music. The school is under the direction of Miss Laura A. Beecroft.

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Married.

Miss Eva Marshall, of Charleston, W. Va., a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., and formerly assistant in Dr. Barber's Sanitarium, Charleston, W. Va., has been married to Mr. E. Haston Jones, of Charleston. The wedding took place at Merion, Pa., and the young couple will be at home after June 1st, at South Side, Charleston, W. Va.

Miss Myrtle Coursey, a graduate of Monmouth Hospital Training School, and president of the Alumnae Association, was married April 20th to Mr. Arthur Edwards. They will make their home in Denver, Col.

Miss Margaret Clark, a graduate of Monmouth Hospital Training School, was recently married to Mr. Joseph Grier. They will make their home in Canada.

Miss Carolyn Bond, of Clifton Forge, Va., was married recently to Mr. B. W. Balser.

Resolutions.

Miss Elizabeth T. Upjohn, a graduate of St. Luke's Hospital, Utica, N. Y., class of 1894, died at sea May 4th, 1910.

Whereas, It has pleased God in His divine wisdom to remove one of our number whose life had been devoted to relieving suffering humanity,

Whereas, All who were privileged to know her decree that their appreciation be suitably expressed, therefore, be it

Resolved, That we, the members of the Alumnae Association of St. Luke's Hospital Training School for Nurses, of Utica, N. Y., realize that in the death of Miss Elizabeth P. Upjohn we have lost a faithful friend and earnest worker

Resolved, That we herewith express our deepest sorrow and appreciation of her many good qualities and her faithfulness and loyalty to her profession.

Resolved, That a copy of these resolutions be sent to her bereaved sister, THE TRAINED NURSE, *The Journal of Nursing* and be placed on the minutes of the Association.

ANNA BAKER, R. N.,
ANNIE RENDELL, R. N.,
CAROLINE EVANS, R. N.,
Committee.

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Obituary.

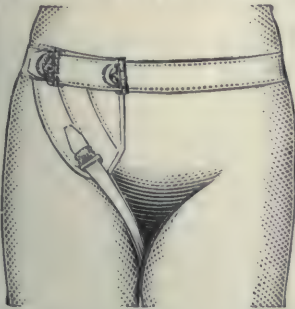
Dr. Elizabeth Blackwell, widely known in England, where she was born, and in the United States, where she practiced, died at her home in Hastings, England. She was born at Bristol, February 3, 1821.

Dr. Blackwell's parents emigrated to America in 1832. She taught in Kentucky and North and South Carolina, later studying medicine at Geneva University, and in Paris and London.

In 1851 she began practice in New York City, where she founded a hospital and medical school for women. Returning to her native land she was placed on the English register in 1859 and practiced in London and Hastings.

She founded the National Health Society of London and assisted in forming the London School of Medicine for Women.

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In typhoid fever there is nothing more important than the question of the proper diet to be used, both in the progress of the fever and in convalescence. Horlick's Malted Milk has been so uniformly successful as a nutrient for such cases that it is endorsed by thousands of the medical profession.

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Many persons require a "stomachic" after eating or drinking too freely. Horsford's Acid Phosphate is a grateful and effectual stimulant to the digestive organs and the system generally.

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In an original article written for "Medical Reprints," Dr. George Selkirk Jones writes: "Another and most important subject for study will be that of incompatibility with respect to Antikamnia. At present I have not encountered this difficulty, for in the treat-

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HOWARD A. SUTTON, M.D. } of Pennsylvania).

ELDRIDGE L. ELIASON, M.D. (Instr't'r Univ. of Penna.)

LOUIS H. A. VON COTZHAUSEN, Ph. G., M. D.
(Graduate Phila. College of Pharmacy, A. ed. Dept.
University of Penna., Penna. Orthopaedic Institute).

WM. ERWIN, M.D. (Hahnemann and Rush Med. Col.)

MAX J. WALTER (Univ. of Penna., Royal Univ., Breslau, Germany, and lecturer to St. Joseph's, St. Mary's, Philadelphia General Hospital (Blockley), Mount Sinai and W. Phila. Hosp. for Women, Cooper Hosp., etc.)

HELENE BONDORFF (Gym. Ins., Stockholm, Sweden).

LILLIE H. MARSHALL } (Pennsylvania Orthopaedic
EDITH W. KNIGHT } Institute).

MARGARET A. ZABEL (German Hospital, Philadelphia, Penna. Orthopaedic Institute).

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ment of rheumatism, for example, with alkalis and potassium iodide, the occasional use of antikamnia tablets appears to act as a most useful auxiliary, and a quiescent condition of nerve, brought about by the action of the latter, appears to predispose toward a more perfect metabolism."

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The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKESIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

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Acknowledgments.

We beg to acknowledge receipt of the following books, which will be reviewed as soon as possible:

Light Therapeutics. A practical manual of phototherapy, for the student and the practitioner, with special references to the incandescent electric-light bath. By J. H. Kellogg, M.D., superintendent of the Battle Creek Sanitarium, Battle Creek, Mich. For sale by Lakeside Publishing Company. Price \$2.50.

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Kindly address all communications to Max J. Walter, Superintendent.

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The Trained Nurse and Hospital Review

VOL. XLV.

NEW YORK, AUGUST, 1910.

No. 2.

Some Problems in Relation to Nurses' Training Schools*

CHARLES STOVER, M.D., AMSTERDAM, N. Y.

THE relation of the physician to the Nurses' Training School has been a limited one up to the present time. He has been a docile lecturer receiving his commission by grace of the trustees, subject to the jurisdiction of the graduate nurse as superintendent; but so far as the physician's influence goes in the state administration of the Nurses' Training School it might be described in much the same terms as were used in regard to the snakes in the familiar history of the snakes in Ireland. The present control by the Regents has been brought about without the initiative of, and almost without any opposition by the medical profession, and this in spite of the fact that the nurse has been most dependent upon the doctor for her vocational existence. The enviable distinction enjoyed by the trained nurse did not escape the observation of Dr. Osler, who in one of his addresses regretted that the nurse, in this country at least, had supplanted the medical student in the affection of the hospital trustees. It is to be noted that in recent years the physician is being placed on hospital boards of management, and in the future it is possible he may regain

his original privilege to influence the evolution of his trained assistant at the bedside. In that earlier period of training schools from 1872 to 1904 that we might style the era of control by the hospital trustees, for this influence seems to have been dominant, there was a mercenary use of the nurse for private work that, while it added to the hospital revenue, also materially shortened the term of theoretical training. Let us concede that the primary consideration in organizing trained schools was not a sentimental one, but based upon economic considerations. This plan multiplied all over the United States must have averaged fairly well, for after thirty-two years, in 1904, there were 21,844 pupils in 867 schools in the United States among 1,484 hospitals. In this state alone there were 79 schools registered. [Thompson.] About this time begins what we may call the era of control by the New York State Nurses' Association. That organization in 1903 sought the aid of this society to have passed the Nurses' Practice Act for the examination and registration of nurses. This was urged on by President Hopkins in his Inaugural, endorsed by a commit-

* Read at the annual meeting of the Medical Society of the State of New York, at Albany, January 26, 1910. Published in *New York State Medical Journal*.

tee on President's Address, made up of Drs. Roosa, Ely and Kraus, and approved by this society; so that we are partly responsible for the result of this legislation, be it good or bad. The bill passed with no appropriation of funds for its application, and under its provisions was referred to the Board of Regents for administration. Here it was found so faulty and indefinite that it was held up for a year until subsequent legislation could remedy its defects. The first syllabus for guidance of Nurses' Training Schools in the preparation of students for Regents' examination, as provided for in the Act of 1903, was outlined by a committee on education of the New York State Nurses' Association in 1905. Since then it has been revised by the Association and the Board of Nurse Examiners, with the approval of the State Education Department. The last syllabus, No. 441, 1909, was prepared by an Advisory Council of Nurses' Training Schools, aided by the State Board of Nurse Examiners, and approved by the State Education Department. Therefore, we may not inaptly call this the era of control by the New York State Nurses' Association. Those who have been responsible for the system so far devised for the education of nurses have proceeded upon the assumption that the vocation of nursing is a profession in the sense that is recognized when you speak of the learned professions of the church, the law, and medicine. Upon this error it is unnecessary at the present time to dwell. It resulted that physicians lectured to nurses as they themselves had been lectured to when medical students, and nurse examiners asked questions on pathology and practice. It is not to be wondered at that megaloccephalia became rampant among nurses. The danger of

this sort of training has been discussed by Dr. Osler in one of his addresses at Johns Hopkins Hospital in 1897. He said, "With the fullest kind of training you cannot escape from the perils of half knowledge, of pseudo-science, that most fatal and common of mental states. In your daily work you involuntarily catch the accents and learn the language of science, often without a clear conception of its meaning. I turned incidentally one day to a very fine example of the nurse learned and asked in a humble tone what the surgeon—whom I had failed to meet—had thought of the case, and she promptly replied that 'he thought there were features suggestive of an intracranial myxoma,' and when I looked anxious and queried, 'had she happened to hear if he thought it had an epiblastic or mesoblastic origin,' this daughter of Eve never flinched, 'Mesoblastic, I believe,' was her answer. She would have handed sponges—I mean gauze—with the same sang froid at a Waterloo."

Whether the quality of nursing has been bettered since the control by the Board of Regents is an open question. It was expected that the high pressure system of that body would be applied, yet as a fact, the zeal of those who represent the State Nurses' Association has outrun that of the Department of Education. Had the Board of Regents not refused their approval of their plans for entrance qualifications more than half of the 124 Hospital Training Schools in the State of New York would have been put out of business, and the present syllabus would be practicable only in large municipal hospitals, and every graduate would be a specialist. One of the tendencies in the United States is to plan the course of instruction for the evolution of hospital administrators, ignoring the public

demand for ordinary and domestic nurses. Dr. W. Gilman Thompson states that "In 1908 there were in the United States 935 training schools for women nurses, with 22,100 pupils among 1,484 hospitals, and an annual graduation roster of over 5,600. At the present time there are more than 500 pupils in attendance at the schools in this State alone. Twenty-two thousand nurses constitute a good sized army. I think it a conservative estimate to say that fully \$10,000,000 are invested in the housing of this number of nurses. Recently two new nurses' homes have been opened in New York City alone, one for the Bellevue school, costing with its lands and furnishings over \$700,000, and one at the Metropolitan Hospital on Blackwell's Island, costing, without the land, \$350,000. In that city alone also within the past decade three other school buildings have been erected, one costing \$500,000 and the other \$300,000 or \$400,000. The training of nurses involves to-day a very large financial outlay and the interest on the investment, together with the cost of maintenance, reaches several millions annually, but the community receives its financial return many times over in the value of the lives which are saved through the improved care which the sick receive."

We are not seeking to dim the bright gems that adorn the crown of the modern nurse. She is established and we cannot do without her, but at this time we are discussing the system of nurse training, and may we not inquire whether for this enormous outlay the general public is receiving as much as it deserves? Twenty-two thousand and one hundred nurses are engaged in hospital practice and 5,600 annually turned into the stream of nurse practice. It is estimated that they

do not remain in active service longer than ten years. Is it not wasteful to spend so much time in preparation for ten years' service? It is also calculated that even after this valuable education of graduate nurses, only 10 per cent. of the nursing outside of the hospital is done by them. Is this the best return that the hospitals can give to the public that supports them? What has the nurse organization done to meet the crying needs of the poor and middle classes for nursing at a moderate cost? Is it possible to reconstruct our nurses' training schools so that more than 10 per cent. of the nursing that physicians are interested in securing for their clients shall be provided for? Is it necessary to teach so much in order to train a good nurse; or to put it another way, are not two years long enough for training? Ought not specialism in nursing be provided for by post-graduate courses in the large hospitals that are especially equipped for such work, rather than to load this burden upon the smaller hospitals of twenty-five to fifty beds, doing a most necessary and laudable work in their own field? Ought not a certain degree of autonomy be allowed the various training schools by the Regents so that local conditions can be met? Furthermore, carrying out the principle embodied in the constitution of this Society, namely: To direct public opinion in regard to the great problem of State medicine, ought not the 6,762 members of this Society to get in closer relation to the educational department of the State and help it in its effort to administer a law, originally no more sought after by the Board of Regents than by the physicians of this State?

The nurse training school presents a more complicated problem in relation to hospital administration than does the

medical school. It therefore should be considered from the standpoints of the various interests centering in the hospital, and these may be grouped as follows: The public, the trustees, or governors, the medical staff and the nurses' training school. At the last annual meeting of the American Hospital Association a special training school committee reported upon the possibility of standardizing the teaching of nurses. The report followed upon an extensive correspondence and repeated conferences with physicians, surgeons and training school committees of various associations, hospitals and charity organizations in the United States and Canada. The result was not here definite owing to the present state of Gospel work and the various types and sizes of hospitals in city and town, and another committee was appointed to fully investigate the subject of nursing of people of limited means in their homes and the education of trained attendants for this work. Here are subjects of vital interest, not only to every physician, but also to his clientele, where a trusty helper is needed to carry out his instruction. Here, too, is the American Hospital Association formed by the trustees and superintendents of the leading hospitals of the United States and Canada, numbering nearly 500, and therefore representing the public, the governors, the physicians, and the nurses. Included in this associa-

tion are members of the New York State Medical Society. The Hospital Association seeks enlightenment in formulating its report upon this subject in which we are all interested. Now, why should not this society of 6,762 members have a voice in this evolution of a more ideal nurses' training school; why should not this body also appoint its own representatives to advise the educational department of the State or at least to ratify the appointment, by the Chancellor of the Board of Regents, of the Medical Council? It may not be generally known that such a body exists and that four out of the five Medical Councillors to the Regents are members of this society. The Nurses' Training School Council made up of an equal number, seems to have both ears of the Board of Regents, and so far as I can ascertain the advice of the Medical Council is not sought.

With the hope that our prerogative may be exercised wherever our interests are presented I will at the proper time offer the following: It is moved that the president appoint a special committee on Nurses' Training Schools consisting of five members to confer with the State Department of Education when necessary; to affiliate with other organizations in matters of common interests; to co-operate with the committee on legislation; and generally to advance the mutual interests of this Society and Nurses' Training Schools.

Missouri.

The Kansas City Association of Hospital and Training School Superintendents has been formed with the following officers: President, Miss Cornelia E. Seelye, 4237 Wind-

sor, Kansas City, Mo.; secretary-treasurer, Miss Annie M. Casey, German Hospital, Kansas City, Mo. Organized June, 1906. Meetings third Thursday of each month.

Our Life Work*

B. A. WILKES, M.D., ST. LOUIS.

NEITHER by natural aptitude, nor by virtue of special preparation, do I claim ability to depart from the custom of first lauding the name and achievements of the sainted Florence Nightingale, and then fill in the remaining time with good advice about what you must do or not do to be a success. Hence to mitigate your disappointment, I will try to give you some food for thought, some desire for action, by pointing you to the brightest star that shines in the firmament of a busy and useful life, and that is Success.

There was an old preacher once who told some boys of the Bible lesson he was going to read the next morning. The boys, finding the place, glued together the connecting pages. The next morning he read on the bottom of one page, "When Noah was one hundred and twenty years old, he took unto himself a wife, who was"—. Then turning the page, "one hundred and forty cubits long, forty cubits wide, built of Gopher wood, and covered with pitch inside and out." He was naturally puzzled at this. He read it again, verified it, and then said, "My friends, this is the first time I ever met this in the Bible, but I accept it as an evidence of the assertion, that 'we are fearfully and wonderfully made.'"

If I could get you to hold such faith to-night, I could proceed cheerfully to the task I otherwise approach with more or less timidity.

Your training here has only prepared you to successfully fight the battle of

life and improve your opportunities. No matter what your natural gifts may be, you could not succeed in your work without having faithfully served this apprenticeship.

Let what you have gained be an incentive to something higher. You cannot rest on your laurels, no matter how hardly earned. You must press forward to the mark of the high calling.

It is eager desire to attain excellence in their work that makes men and women successful. The love of excellence is the lodestar that leads the world onward. Nothing less than your best efforts will result in any lasting benefit to yourselves or to the community in which you live. It matters not if you do not reach your goal, for you will grow broader and higher and richer in experience and knowledge through the trying.

The modern trend of civilization is to advance and excel. If you are going to succeed, you must advance and excel, for "nothing succeeds like success." One of the greatest railroad men in America once said, "The most important thing about succeeding is to start right."

To start right on this voyage of life, one of your best assets will be cheerfulness.

The time will come in the progress of the world when we shall not have to depend on rich furnishings, costly tapestries and gold plate. Character will become so enriched in the upward growth of the world that the surroundings, however costly, will be considered but a

*Address to the Class of 1910, Missouri Baptist Sanitarium Training School for Nurses. Contributed to THE TRAINED NURSE.

cheap setting of a precious life-stone. Cheerfulness is a potent factor of success.

There is nothing which persevering industry and unwearied and unremitting exertion may not completely and thoroughly surmount.

Despair of nothing, and never be cast down. If you ever wish to amount to anything never permit the idea to enter your mind that you are unlucky or less fortunate than other human beings.

Discipline yourself never to acknowledge weakness. Deny that you are a weakling, that you cannot do what others have accomplished.

Never talk, think or write of your unfortunate condition. Cut out of your life all thoughts that limit, hamper, dwarf, or darken it. These are the ghosts of fear.

Resolve, that come what may, you will be an optimist.

Believe in the final triumph of right.

You, amidst the fluctuations of your feelings, and of passing events, ought to resemble the ship which currents may carry and winds may impel from her course, but which amidst every deviation, still presses onward to her port with unremitting perseverance.

In the coolness of reflection you ought to survey your affairs with a dispassionate and comprehensive eye, and having fixed on your plan, take the necessary steps to accomplish it, regardless of the temporary mutations of your mind, the monotony of the same track, the apathy of exhausted attention or the blandishment of new projects.

"Look up, look up, when the shadows fall
And the way lies dark before you,
Hold fast to the faith that is best of all,
And success will not ignore you."

No human being ever made a success

trying to be somebody else, no matter how great or successful that person might be. Success cannot be successfully copied; it is original; it is self-expressive.

Your profession has made great advancement and progress in the past few years. State Boards of Health and State Legislators have been impressed with your profession, its work and its importance, and are now making laws to govern and protect you by forming examining boards and issuing a license authorizing you to practice your profession and follow your vocation within its borders.

The present is your time and opportunity. It has been said, "He who is false to present duty breaks a thread in the loom, and will find the flaw when he may have forgotten the cause."

Your life work is one of sacrifice and service to God and humanity.

Your lecture course and bedside experience have no doubt brought you face to face with the great responsibility of your chosen profession, and have taught you the beginning of a useful career.

You may not all reach the highest pinnacle of fame, but you can all be useful women.

"They talk about a woman's sphere as though
it had a limit;
There's not a place in earth or heaven,
There's not a task to mankind given,
There's not a blessing or a woe,
There's not a whispered yes or no,
There's not a life, or death, or birth,
There's not a feather's weight of worth—
Without a woman in it."

You should all be strong in character, noble in thought and charitable in deed.

In your ministration to the sick, you should at all times enter the sick-room in neat attire, fresh in appearance and pleasing in manner.

Doctors seek the good nurses first. The

laity soon learns the value of a good nurse. The following is an incident of an Irishman's value of a nurse:

"Father Kelly says th' diff'rence between Christian Scientists an' doctors is, that Christian Scientists think they'se no such thing as disease, an' doctors think there ain't anything else. An' there ye ar-re."

"What do you think about it?" asked Mr. Hennessy.

"I think," said Mr. Dooley, "that if the Christian Scientists had some science and the doctors more Christyanity, it wouldn't make any difference which ye called it—if ye had a good nurse."

Your training in the sanitarium does not deal merely with book learning and clinical methods; it carries with it the

building up of character. To the building up of a fabric of personal education and of personal character, to the preparation of countless opportunities for good work in the world; to happy, useful lives, and to the welfare of future generations, are you, the members of this class, dedicated.

And when you go from this parental roof to enter upon this, your life work, I hope you will not forget your Alma Mater. Cherish the memory of the days and years spent here, and we hope you will always point with pride to your work and associations while in training.

"And when the lessons of life are all over,
And the Lord says our school is dismissed,
May we all meet in Heaven together,
Not one of our number be missed."

Nebraska.

The Nebraska State Board of Nurse Examiners has three vacancies, on account of the resignation of all of the members. Miss Hardwick resigned to be married, Miss Anderson because of leaving the State, and Miss Wollgast because of ill health.

A new Board will be appointed soon by the Governor. Until that time, the nurses will suffer some delay on registration matters.

The Nebraska State Association of Graduate Nurses will be held in Lincoln, Neb., on June 28, 1910. An all-day session will be held and an afternoon picnic will be given at Green Gables Sanitarium. These meetings are held once in three months, and are very enjoyable.

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New Jersey.

The Newark City Hospital Alumnae Association held its annual reception for the graduating class at Davis Hall, May 24. A business meeting was first held, during which the new graduates were introduced and invited to join the society. About forty members of the

association were present and seventeen members of the graduating class.

Marriages of recent date among the members of the association are as follows:

Miss K. Caraugh to Mr. Arthur Russell. Mr. and Mrs. Russell will make their home in Glen Ridge.

Miss Sue Stauffer to Mr. Frank Green. Mr. and Mrs. Green will reside in Roseville.

Miss I. Buchanan to Mr. Woehmer. Mr. and Mrs. Woehmer will reside in East Orange.

Miss Agnes Louise Hilt to Mr. Benjamin Keeler. Mr. and Mrs. Keeler are at present making their home in Newark, N. J.

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Personal.

Miss Rose Konop, a graduate nurse, of Des Moines, Iowa, has had the rare privilege of a trip around the world with a party of tourists. Her friends have heard from her at various points along the way—Hawaii, Japan, China, Egypt, etc. The party is expected to return shortly.

Lessons in Chemistry for Nurses

MINNIE GOODNOW,

Superintendent Bronson Hospital, Kalamazoo, Mich.

Supplies for Experiments.

THE teacher of chemistry should bear in mind that experiments made before the class are far more impressive than any recital of text can possibly be. It is therefore strongly advised that all experiments given in the following pages be actually made by teacher or pupils. The material for them is of the simplest character, and will not cost more than a couple of dollars. It will be found already on hand in most hospitals. There is practically no apparatus needed.

The following is the list of things needed:

2 oz. sulphuric acid,
2 oz. hydrochloric acid,
2 oz. powdered sulphur,
 $\frac{1}{2}$ dram iron filings,
1 oz. chloride of lime,
 $\frac{1}{2}$ oz. tincture of iron,
 $\frac{1}{2}$ dram solution silver nitrate,
 $\frac{1}{2}$ oz. sugar of lead,
 $\frac{1}{2}$ oz. powdered alum,
1 oz. washing soda,
A few crystals of copper sulphate,
A few small pieces of zinc.

A Bunsen burner or alcohol lamp, a few test tubes and a glass rod should be provided.

LESSON I.

All matter, everything which we can see, handle, taste, smell, or deal with in any way by our senses, is divided into two classes, organic and inorganic.

Organic substances are those which have a certain definite structure built up

by the mystic force which we call life. They are usually products of plant or animal life. Wood, sugar, muscle, milk, etc., are examples.

Inorganic substances are those structureless materials which we call metals, minerals, earth, soil, etc. They are formed without the aid of animal or vegetable life. Salt, borax, iron, etc., are examples.

Organic matter, we learn, is composed of cells. A *cell* is a minute portion of jelly-like substance with a thin wall about it, and a nucleus within. This, the simplest living structure we know, is quite complicated in comparison with a bit of mineral matter. Even a microbe or germ, small as it is, has a definite structure with parts unlike each other; whereas a piece of iron or gold is the same throughout. We resolve a cell into its simplest elements, and we find it composed of different kinds of material. We resolve a piece of iron into its simplest elements, and we find the same sort of material repeated over and over again.

In imagination we divide organic matter smaller and smaller in order to learn its final composition. By various processes we arrive at the conclusion that it is composed of substances similar to inorganic matter. We try to go further, but fail. We have not now at our command any microscope or other instrument delicate enough to show us the smallest parts into which organic or in-

I wish to acknowledge my indebtedness to Dr. B. N. Epler, of Kalamazoo, Mich., and to Miss Charlotte Aikens, of Detroit, Mich., for many helpful suggestions. Also to Dr. E. C. Hill, of Denver, Col., for proof reading and corrections.

organic substances may be divided. We can conceive that they might be capable of almost infinite division, yet we finally arrive at the ultimate bit, which cannot be further divided without destroying its identity. These smallest particles we call *molecules*.

A molecule, then, is defined as *the smallest portion of matter which can exist alone*.

We may ask if molecules are not capable of division. The following experiments will suggest the answer.

1. Dissolve a pinch of sugar in a small quantity of water. Add more water gradually, tasting often. It will be found that a very small quantity of sugar can be detected in quite a large quantity of water. This shows us that though the sugar be divided into particles so small that we cannot see them with the most powerful microscope it is still sugar, the original substance.

2. Place a small portion of cane sugar on a china dish. Pour over it ten or fifteen drops of sulphuric acid. The sugar presently turns yellow, then amber, then brown, and after a considerable time becomes quite black. This black substance resembles neither sugar nor sulphuric acid, but looks like fine charcoal mixed with some liquid. We find by further study that it is exactly this.

3. Put some sugar on a tin plate and hold over a flame. The sugar browns, smokes, bubbles and finally becomes a charred black mass.

We see by these two last experiments that the sugar is no longer sugar, but has become some other substance. We infer, therefore, that a change has taken place which has broken the sugar up into its constituent parts. These smallest parts we call *atoms*.

An atom is the smallest portion of

matter which can exist in combination.

This considering of matter as divided into molecules and atoms is known as the *Atomic Theory*. It is entirely theoretical, but the facts of which we have any knowledge fit the theory. Scientists have adopted it, therefore, as a foundation for the work of chemistry.

What chemistry is. Chemists have, by long series of experiments, found that few substances are simple, but that very many are composed of two or more other substances. The study of these experiments and of the conclusions drawn from them is called chemistry.

Chemistry is the science of matter, its properties and changes.

Chemical and Physical Changes.

If we heat water to the boiling point, it goes off into vapor or steam. If the steam be cooled, it returns to its original form. If we cause it to freeze, we have a solid mass, which we call ice. A slightly higher temperature returns it again to water. Such changes in the form of a substance are called *physical changes*.

The first experiment with the sugar—the making of a solution—is another example of a physical change, for if we evaporate the water we may obtain the sugar in its original form.

The second and third experiments are entirely different matters, for in those cases we had formed an entirely new substance. Such a change occurring in the composition of a substance is called a *chemical change*.

Experiments to Illustrate Chemical Changes.

1. Mix powdered sulphur and fine iron filings. Use a magnet, and it will be found easy to separate the two sub-

stances. Look at the mixture through a strong magnifying glass, and you may readily see particles of each substance. Put some of the mixture into a test tube and heat to redness. It becomes a mass in which neither iron nor sulphur can be distinguished, and which is neither one nor the other. By the first process we have a mechanical *mixture*; by the second, a chemical *compound*.

2. Put a little ammonia water into a small glass vessel. Add a small quantity of tincture of iron. A dark red, rather heavy precipitate will be formed, which may be washed on fine gauze and examined by the class.

3. Put some normal salt solution into a glass. Add several drops of a solution of silver nitrate. Note the bluish-white precipitate formed.

4. Put a spoonful of fresh chloride of lime into a tall glass vessel (a Mason

jar will do), and pour over it a little 50 per cent. sulphuric acid. Cover for a few minutes. A greenish-yellow gas will appear of a penetrating and disagreeable odor.

5. Blow gently through a glass tube into a bottle of lime water. The clear solution will presently become milky, and soon there will appear a fine white precipitate which settles to the bottom of the bottle.

The above experiments illustrate chemical changes. In the first, two solids—iron and sulphur—united to form a third solid. In the second and third, two liquids produced a third liquid and a solid. In the fourth, a liquid and a solid produced a gas. In the fifth, a liquid and a gas (from the breath) produced a solid. These suggest the innumerable combinations possible.

(To be continued.)

Ohio.

The commencement exercises of the first graduates from the Wooster Hospital were held in the parlors of the hospital Thursday evening, June 23. The members of the class are Miss Elizabeth M. Aitkenhead, of Wooster, and Miss Viola S. Hixon, of Fredericksburg.

The rooms were beautifully decorated in roses, peonies, daisies, ferns and the class colors, black and gold.

About 125 guests were present to witness the graduating of these young women, who have made many friends during their stay at the hospital who will wish them success in their life work. The following interesting program was given, with Dr. George W. Ryall presiding:

Piano prelude, Miss Mary Nice.

Invocation, Rev. D. A. Heron.

Solo (selected), Miss Ethel Rockey.

Accompanist, Miss Mary Nice.

Address on Behalf of the Hospital Board, Mayor Feeman.

Solo (selected), Miss Ethel Rockey.

Address to nurses and presentation of diplomas, Dr. G. W. Ryall.

Benediction, Rev. D. A. Heron.

Class pins were presented by the Hospital Board.

A pretty incident took place at the close of the ceremonies. When nearly all had gone the little five-year-old daughter of Mr. and Mrs. Joseph Glenn was brought down. The little girl turned an inquisitive eye on many of the people, and suddenly all who were there became quiet, and Dr. Heron offered a short and appropriate prayer for the life and health and happiness of parents and the relatives of the child.

Care of the Stump After Amputation of the Extremities

ALMA MARY HANNA

Head Nurse Eves' Surgical Sanitarium.

THE nurse who assumes charge of a patient after an operation of this kind, practically takes the patient's life in her hands for the first twenty-four hours at least, although the immediate danger is by no means over at so early a period, as it is well known that secondary hemorrhage may occur at any time up to the formation of a firm cicatrix.

After the patient has been brought from the operating room he should be placed in a warm bed and well covered as in any other operation, but care should be taken not to have hot water bags near the stump, which should be elevated in an easy position by means of a small pillow enclosed in a rubber case, over which the usual muslin pillow case is arranged.

Do not let the end of the stump rest heavily on the pillow or any other surface. If it cannot be so arranged that the end may project slightly off the pillow, then make a soft pad of absorbent cotton, which will serve the double purpose of a cushion to the extremely sensitive area and an absorbent of drainage, the amount of which will depend on the locality of the section and vascularity of the part operated upon, as also upon the presence of any provision made for drainage.

Keep the stump free from the bed-clothes for the first twenty-four hours.

It should be well exposed so as to be able to notice at a glance the sudden presence of a suspicious amount of blood upon the bandage.

A tourniquet should be placed loosely around the limb above the knee if it be a leg, and above the elbow if an arm, with a compress directly over the course of the artery, so it can be tightened at a moment's notice should anything unlooked for occur.

In private practice it is well to keep on a table near at hand, but covered from the patient's view, a basin of bichloride solution 1-5000, a supply of sterilized gauze, cotton and bandages, as also one pair sterilized scissors, tissue forceps, two or three pair hemostats and a hypodermic charged with a solution of morphine $\frac{1}{4}$ and atropine 1-150. Especially is this a practical procedure in the country with the doctor miles away and with no speedier means of locomotion than "Dapple Gray."

After the patient has reacted from the anesthetic impress on him the necessity of being absolutely quiet. Do not even allow him to talk, for the first few hours at least.

Keep all curious and overly-sympathetic friends and relatives out of the room as much as possible, but if anyone must come in during the first twenty-four hours, spread a clean towel over the exposed stump to prevent a too sudden realization of the deformity.

Take the patient's temperature every four hours, and count the pulse not oftener than once every hour at first. Oftener than this is liable not only to annoy but alarm the patient.

Watch constantly, but unobtrusively,

for any appearance of unusual restlessness, thirst, yawning, sudden contracting of the pupils, blueness about the lips and cold, clammy skin.

Should any one of these symptoms appear, tighten the tourniquet at once. Draw it as tightly as possible, elevate the stump more and elevate the foot of the bed; also give your hypo of morphine and atrophine. Even if you are not sure as to the presence of hemorrhage, give your patient the benefit of the doubt, as these measures could do no harm even if the alarm be false.

But if you are certain, send at once for the doctor; if he lives at a distance and in the meantime your patient seems to be bleeding rapidly in spite of these measures, remove the dressings, use your tissue forceps and scissors to remove enough sutures to gain good access to the interior of the wound. Sponge out well with hot bichloride 1-5000 or normal saline and pack tightly with dry gauze. Use strips about three fingers breadth at first, then finish with a heavy packing of a broader piece; over all place a firm compress of gauze and finish with a tight recurrent spiral reverse bandage (ascending.) This will generally check the bleeding and can be left until the doctor reaches the patient, when the offending vessels can be caught and ligated. Do not at any time remove the tourniquet, even if it does not seem to be doing any good, as it would only cause delay, and as it can remain tightened for from four to six hours, it is just as well to leave it on.

After this time or sooner if the patient be an old person or one with low vitality, it should be removed, as it is very liable to cause gangrene of the part by cutting off the blood supply. While waiting for the doctor, keep the palm of the hand pressed firmly over the dress-

ing and have some one else in the room to attend to any other needs of the patient.

There are other methods by which a nurse may treat secondary hemorrhage, but for a good many reasons and from experience, this is considered the best.

1. You have your materials at hand.
2. You can be absolutely sterile with all proceedings.
3. The results are uniformly happy as regards checking the hemorrhage and lack of infection and
4. You have a dressing which can remain until a doctor reaches the patient, and the longer the packing remains the more firmly the blood becomes coagulated within its meshes, thus making assurance doubly sure.

If no accidents occur during the patient's convalescence, the stump should be treated as any other wound aseptic or septic, as the case may be.

If aseptic, the dressings are usually not removed until after the first twenty-four hours. If a drainage tube is used this is removed after thirty-six hours and left out.

A word as to a method for facilitating the easy and painless removal of these dressings, which are usually very copious, and by this time firmly adherent to the wound by means of dried blood.

About one hour before the doctor's arrival begin moistening the dressing with a solution of sodium bicarb one heaping teaspoonful to the quart of warm water. This solution is a safe antiseptic and further has the power of rapidly dissolving the dried blood in the dressing, whereas bichloride of mercury by coagulating the albumen in the blood renders the dressing more difficult to remove.

Remove the dressings carefully one piece at a time.

Do not be in a hurry, and if the patient is interested and not nervous, he should be allowed to watch the proceedings, as his interest in seeing the work done often displaces the apprehensiveness of impending pain, which is perfectly natural when he is requested to "look the other way." Have at least one-half dozen sterilized towels or pieces of cloth to arrange around the stump, and after the soiled dressings have been removed cleanse the surface of the wound carefully with bichloride 1-5000, dry thoroughly and place on loosely a temporary dressing of dry sterile gauze, and over this adjust a sterile towel. Thus everything will be in readiness when the doctor arrives, who will then dress the stump in the manner he deems most suitable.

If any unusual amount of pain appears after the first twenty-four hours, it usually, though not always, means pus.

In such a case, the dressings may be moistened with bichloride 1-5000 and the doctor notified, who will then give further orders.

It would be well to explain to the patient in simple terms the reason why he is yet feeling pain and the presence of a foot or a leg, which has been cut off.

Tell him that the severed nerves were once a continuous track, as it were, with smaller tracks branching therefrom, and running down the whole length of the limb, and has been so used to carrying messages of its former presence, and the sensations of pain and motion, that it is still returning them to the brain.

Especial care must be given the patient after an amputation of the leg when crutches are first used, as owing to his lack of strength and awkwardness in using crutches for perhaps the first time in his life, a fall is the frequent result with profuse hemorrhage if he be so unfortunate as to strike the stump.

Arkansas.

The Little Rock Graduating Nurses' Association held their annual banquet at the Hotel Marion on June 5, 1910, twenty-five members being present and two visitors. This association is gradually growing and making rapid strides toward State registration.



Minnesota.

At the regular annual meeting of the Nurses' Alumnae Association of St. Barnabas's Hospital, Minneapolis, on June 7, the following officers were elected for the ensuing year: President, Miss Minnie Patterson; first vice-president, Miss Kate Reid; second vice-president, Mrs. T. H. Weld; secretary, Mrs. C. C. Pratt; treasurer, Miss Mabel Hedemark.

The motion was carried unanimously that the superintendent of St. Barnabas's Hospital, Miss Harriett Hartry, be elected an honorary member of the association for life.

The annual banquet of the St. Barnabas Nurses' Alumnae Association, of Minneapolis, was held at the Donaldson Tea Rooms on June 11, at 7 p. m., at which the following program was presented.

1. Address of welcome to graduating class,
Miss Patterson
2. Response for class.....Miss Watson
3. Greetings from Montana,
Miss Nellie O. Barsness
4. The Matrimonial Side of the Profession,
Mrs. Simmons

On Saturday, June 11, at 4 p. m., occurred the laying of the corner stone of the new pavilion of St. Barnabas's Hospital, Minneapolis, an addition which will extend the main building, from Sixth Street, South, to Seventh Street, and increase its capacity to 150 beds.

Eliminative and Tonic Baths and Other Treatment for Toxemia

MARY H. TUFTS.

(Continued from July).

THE importance of well-directed exercise in connection with hydrotherapy treatment, cannot be overestimated. Exercise not only encourages circulatory reaction, but heat elimination also.

In persons able to take exercise, an amount of exercise sufficient to produce slight perspiration before the bath favors the tonic effect of the application. Exercise should not be vigorous enough to induce excessive action of the heart or lungs, as a bath should never be given when these organs are over active.

The best forms of exercise are walking, Swedish gymnastics, Zander or mechanical medical gymnastics.

Persons who are unable to take active exercise may be prepared for the bath by massage, vigorous friction, or vibrations.

The drinking of large quantities of pure water should be insisted upon with the patient who has toxemia. This lowers temperature, dilutes the blood, promotes evaporation from the surface, and excites the kidneys to increased activity, thereby encouraging the elimination of the toxins.

In describing the eliminative treatments, massage must be given an important place. I will merely speak of its effect upon circulation, elimination, nutrition, haematogenesis and phagocytosis.

The influence of massage upon the lymph circulation is marked. The lymph

vessels drain the tissues of waste and toxic materials. Lymph channels are most abundant in the subcutaneous tissue and in the fascia, which cover and lie between the muscles, so that these vessels are acted upon by massage.

That massage and exercise of muscles greatly increase the flow of lymph, has been demonstrated repeatedly upon animals.

Massage stimulates all the functions of the skin, and promotes reaction. And it also promotes nutritive changes in the muscles.

It promotes the secretion of digestive fluids, improves the appetite, promotes absorption of the products of digestion, and aids peristalsis.

That massage aids the blood-making process, has been demonstrated by the rapidity with which the number of red blood corpuscles and the amount of haemoglobin increase in the blood under this treatment, in cases of anaemia.

Kellogg and other physicians skilled in these lines of treatment, claim that massage increases the number of corpuscles in circulation, from about 25 to 50 per cent. Winternitz, of Vienna, and Mitchell, of Philadelphia, make like claims for it. But Winternitz teaches that this sudden increase of blood corpuscles is not due to a new production of blood cells, but the apparent increase in number is due to the bringing into the circulation a great number of corpuscles which have been retained in the large vascular vis-

cera of the interior of the body, particularly in the liver and spleen.

Dr. Kellogg, by a series of experiments, has shown that under massage the blood shows an increase of from 3 to 7 per cent. of red cells, and from 40 to 80 per cent. in the white cells. The increase in the blood-count usually becomes apparent within thirty minutes, and lasted from an hour and a half to two hours.

If massage is used daily upon a person whose blood-count is deficient, a permanent increase may be noted from day to day. In this respect the effect of massage seems the same as that of the cold application.

Phagocytosis is the principal means by which the body antagonizes the invasion of foreign microbes, which always takes place in connection with infectious disease. Microbes of different sorts, and even animal parasites such as the plasmodia of malaria, are captured and destroyed by the white blood corpuscles. So it is evident that massage, by bringing into the circulation an increased number of blood cells, must greatly increase the resisting powers of the body.

In the case of exudates in parts which have suffered from inflammatory processes, the removal of the exudate depends upon its solution. This is effected by the white corpuscles, which actually digest the inflammatory products, thus setting them free to be carried away by the venous and lymph currents.

Hopadze has shown that massage is valuable as a regulator of the nutritive processes, by increasing the assimilation of nitrogenous food substances. It has also been shown that massage diminishes the weight of very fat persons, and increases the weight of those who are badly nourished.

In the matter of elimination, the chief effects of massage are to encourage the activity of the liver, the kidneys, and the skin.

Zander, of Stockholm; Taylor of New York, and Kellogg, of Battle Creek, have devised many appliances for the giving of mechanical massage, which is a more or less perfect imitation of the action of the hands in the application of these treatments. These treatments are variously styled mechanical Swedish movements, Zander, etc. The advantages of this mechanical treatment over the manual are in that they may be used for prolonged treatments by shaking or vibratory movements, which are exceedingly trying for the masseur, and cannot be maintained, at best, for more than a few minutes continuously.

The functions of the great sympathetic nerve and of the abdominal ganglia and solar plexus are becoming better understood, and it seems clear that the application of strong vibratory or shaking movements of the abdomen may produce powerful physiological and therapeutic effects through the stimulation of the sympathetic.

Professor Charcot, of Paris, has demonstrated the therapeutic effects of vibration in the treatments of organic disease of the spine, which is one of the most intractable of diseases. This renowned physician had great confidence in the benefits to be derived from mechanical massage.

Mechanical vibration is said to be one of the most efficient means for relieving the great variety of paraesthesias from which neurasthenic patients suffer, such as numbness, formication, tingling, etc.

It exerts a powerful influence upon the circulation, and restores the balance

of the circulation when it is disturbed by morbid reflex action.

The so-called solar-ray is a substitute for the treatments by the sun baths. This apparatus is really a modification of the arc light, from which the powerful light and heat are refracted and reflected by a concave metal reflector. The rays from this apparatus not only influence the skin, but pass through the skin into the body, exciting the cells and tissues. The surface circulation is greatly accelerated, free perspiration occurs, the heart's action is increased, and the activity of the vital functions is promoted. The effects of the solar-ray seem practically like those of the electric light bath. But a more radiant and intense heat may be localized upon portions of the body with this apparatus than with any electric light bath yet invented.

Treatments of this kind will give relief in the neuralgias and in neuritis more quickly than can be gained by any other treatment.

In the year 1891 Dr. Kate Lindsay, of the staff of the Battle Creek Sanitarium, called to the attention of Dr. Kellogg, superintendent of the sanitarium, the convenience of the ordinary incandescent electric light wrapped in flannel as a means of applying heat to the body. Dr. Kellogg had previously made use of the sun's rays in the treatment of chronic invalids, and particularly for the relief of spinal irritation. The observations of Dr. Lindsay in regard to the electric light led Dr. Kellogg to begin experiments with various kinds of apparatus designed to make the therapeutic applications of electric light. This resulted in the development of the electric light cabinets and various devices for the general and local application of heat.

The form of cabinet in general use for giving baths to the entire body consists of a compartment about five feet high, in which are placed from fifty to sixty incandescent lights. The cabinet is lined with glass or metal mirrors, to multiply the number of lights by reflection.

The cabinet is so arranged that the whole body of the patient, sitting upright, can be exposed to the influence of the lights. And by means of switches and proper wiring the number of lights in use can be instantly controlled.

The heat effects of the bath are derived chiefly from the incandescent films by radiation, and do not depend upon the heating of the confined air within the cabinet, as in vapor and other cabinet baths.

By means of other constructions the incandescent light is localized upon the spine, trunk, joints and other parts. These appliances are so easily managed that they at once recommend themselves as a means of applying heat to the cutaneous surface. The intensity of the applications may be regulated by a rheostat, or by the number of, and candle-power of, the lights used.

The electric light bath has proved to be of greater value in the treatment of many diseases than any other means of applying heat, except water, and admits of much more general employment than the Turkish, Russian, vapor or hot-air baths. And the bath, if properly used, is decidedly tonic in character. A short application of the bath at full force for a time just sufficient to induce powerful stimulation of the skin, without provoking perspiration, is a most effective tonic. This effect may be in-

tensified by instantly following the bath with a cold spray, or cold mitten friction.

The electric light bath is superior to all other means in the treatment of chronic rheumatism and all maladies dependent upon the uric acid diathesis owing to its ability to elevate the body temperature, while at the same time producing vigorous cutaneous activity. The elevated temperature stimulates the oxidation of proteid wastes and augments vital combustion, while the increased skin activity carries off the waste products prepared for elimination.

Recent teachings in physiology have been that the elevated temperature in febrile conditions is one of the methods of nature in combating the causes of disease. So the electric light bath may exercise in many cases a strongly curative influence by the elevation of the body temperature, thereby enabling it to produce antitoxins.

In giving the salt-glow, salt of medium fineness and slightly moistened is used. This is applied to the whole surface of the body with friction movements. After the application the salt, which adheres to the surface, is removed by the cold affusion shower or spray. Then the patient is quickly dried and rubbed in the usual manner. The skin is hard and almost as smooth as marble after this application. In the case of feeble patients a dash of hot water or a warm spray should be given just before the cold application.

The salt-glow produces to an intense degree the circulatory stimulation of the brine bath, the sea water bath and the saline sponge.

It is a tonic measure of high value, and produces valuable derivative effects. It is of special value for aged or feeble persons, whose heat-making powers are

small, and in whom thermic reaction does not readily occur.

It may be employed in cases of Bright's disease and diabetes, conditions demanding increasing skin activity, but contra-indicating the cold baths.

The physiological effects of irrigation of the intestine have been carefully studied by Krull, Stadelmann and Kemp. The cold enema is believed to aid the liver by removing from the intestine large quantities of decomposing stuffs, with the microbes and the ptomaines and toxins produced by them.

Intestinal irrigations afford great relief in a class of patients who suffer from atony and dilatation of the colon, and who have nearly always a great accumulation of fecal matter. Autointoxication is really the cause of many of the distressing symptoms from which such patients suffer, and these symptoms usually disappear after the use of saline cathartics and the use of intestinal irrigations daily for two or three weeks.

The cleansing enema should be given at a temperature of 92 to 95 degrees, and after this has been entirely discharged, a pint of water of the temperature of 60 degrees should be introduced (and retained if possible) as a tonic for the intestine.

Since so much is claimed by some physicians for the so-called aseptic diet in the treatments of intestinal autotoxemias I will outline in a general way the dietary measures often advised.

Great advantages are claimed for the use of the lactic acid ferments in intestinal putrefactions. It is said that the Bulgarian bacillus isolated by Metchnikoff at the Pasteur Institute of Paris has the faculty of destroying pathogenic intestinal organisms.

In the really aseptic dietary meats of all sorts, oysters, fowl, game, meat juices, beef tea, animal broths and all meat preparations are excluded, because of the presence of tissue wastes, uric acid and other toxic substances, together with ptomaines, the product of putrefactive change.

Coarse vegetables (as cabbage, celery, lettuce, roots of all sorts, string beans, spinach and greens) must generally be avoided because their indigestibility leads to their retention in the stomach and colon, and thus encourages fermentative processes.

Cauliflower, tender asparagus, green peas, purees of peas, beans and lentils, excluding the skins of these seeds, are allowable.

Eggs in the form of egg-nogs prepared without wine or brandy, soft boiled eggs, soft custards prepared with sweetina, instead of cane sugar, may be taken freely when well tolerated.

Raw fresh milk is admissible in a small proportion of cases only. Kumyss, Matzoon, dairy buttermilk and lactone buttermilk, cottage cheese, peptonized milk, junket and milk and lime water are allowed.

Ripe fruits are allowed by some physicians and loudly condemned by others.

Those advocating fruits consider them of value because of the germ-destroying acids which they contain. Cane sugar as a sweetening is admissible only in small quantities. They consider juice from fresh ripe fruits very wholesome.

Preserved and pickled fruits and vegetables must be discarded.

Cereals are recommended as having high nutritive value and being easy of digestion when cooked at a sufficiently high temperature to thoroughly dextrinize the starch.

Nuts are practically free from starch, consisting chiefly of fats and albuminous substances. They may be eaten fresh or crushed in the form of nut butter or in preparations such as protose, nuttolene, etc.

An exclusive fruit dietary for a week at a time has been highly recommended by some.

Others claim that intestinal asepsis can only be obtained by an exclusive dietary of acid buttermilk or kumyss. The patient takes three or four quarts a day for a week. Others recommend the use of buttermilk in connection with a selected mixed dietary.

The breads that are generally allowed are graham, whole wheat, stale yeast bread and dry toast.

Personal.

Miss Annie W. Goodrich has been appointed inspector of training schools for the State of New York.

Miss Susan Heitzemater has been appointed superintendent of Nichols Memorial Hospital, Battle Creek, Mich.

At a meeting of the Italian Red Cross, held in Rome on June 12, Miss Phyllis S. Wood was presented with a silver medal and a certificate of merit for her services at Messina during the earthquake. Miss Wood is well known to the readers of THE TRAINED NURSE, and her account of the disaster was given in our magazine.

Human Nature and a Nurse

H. RIVERS.

LONG years ago, when I was two weeks past my probationary month, I found one evening my name posted on the bulletin board with directions for me to report for duty the next morning in the children's ward.

So far my time had been spent in the women's medical ward, where I now felt as much at home as a cat in its garret, but I indulged in no lamentations, receiving my marching orders with a good grace, since to do otherwise would have brought my nursing career to an abrupt termination.

Unsuspected by me war clouds loomed large on my horizon, and all because there were strained relations between my old head nurse and my new one. The former, Miss A., on reading that same notice, remarked to the nurses with her that she pitied me for having to work under Miss B., which unfortunate speech being duly reported by some mischief maker to Miss B., she promptly retorted, "She'd see to it that Miss Rivers would wish she had never seen the children's ward." The next morning I was quite mystified at having myself and my greeting ignored.

I finally mustered up courage to ask Miss B. what work she wished me to begin with. She turned away with a contemptuous look and flung at me over her shoulder, "There is always plenty of work for those who care to see it." As the other two assistants had begun on the bed-making, I then stepped to the third bed and started in—no more—for down swooped Miss B. on me and point-

ing to the sand bags and extension apparatus—I learned later it was a Coxalgia case—asked: "Haven't you sense enough to know you are not competent to make this bed?" I begged her to tell me then which one I should make, but she intimated I must be hopelessly stupid if I had to be told *that*. Knowing I'd be called down if I skipped, I turned to the next bed, only to be again visited with her displeasure and practically told to move on, but not where to. I could have hugged the little occupant of the fifth in line for being a convalescent, as I was allowed to finish his bed unmolested. After that all the beds which fell to me presented no difficulties—hence there were no more reprimands. It was only a respite, for all day long I could hardly start any work in peace and my position was rendered still more uncomfortable because the other assistants, taking their cue from the head nurse, let me severely alone.

When the interne came to make his rounds I thought, "Now there will be a cessation of hostilities," but alas! for in speaking to me Miss B. conveyed in her tones the impression that I was in dire disgrace, and finally the young doctor turned and gave me a look implying he, too, had joined the ranks of the enemy.

By this time every child was regarding me with round-eyed wonder, and there was not even one friendly little face among them. This truly awful day came at last to a close. The last hours Miss B. and I were alone in the ward, the other

two nurses being off duty. As the footsteps of the night nurse echoed down the corridor—for this was before the day of rubber heels—I turned to bid my implacable head nurse good night. Then to my relief I saw victory was to be mine, for I had caught a gleam of light on her waist. Stepping up to her and looking her straight in the eye and pointing to a tiny silver cross dangling by a royal purple ribbon from a button hole, I gently asked: "When you treated me as you did to-day, did you say, '*In His Name*'?" Very abruptly she turned away with "No, I didn't," but not quickly enough to hide a faint smile around her mouth which told me plainly her quick Irish wit recognized and appreciated the fact that I had taken the wind out of her sails completely.

She was kindness itself the next day, and indeed ever after, and we became good friends, and I have so many pleasant recollections of her brightness and capabilities that my first day with her appears now merely as an amusing incident.

When I had been in training about a year and a half I was sent to another institution to widen my experience by nursing sick foundlings who, of course, were bottle babies. In connection with this institution was another—both being small affairs—where very young unmarried girls with their infants were received on leaving the hospital, cared for and trained in domestic work that they might become self-supporting and so rescued from a probable life of sin. They were in charge of a graduate nurse, Miss C.

However, the third floor of the foundlings' building was utilized as a temporary hospital for any of these young

mothers who might be ill or their babies ailing, and when such was the case they came under my care.

One day the resident physician, a woman, told me she was going to send me a girl, Maggie, from the other house because she insisted she was ill, though the doctor could not locate her trouble. She came over and behaved in a peculiar way which gave the impression she was playing off to avoid helping with the work; which was further confirmed by her eagerly assenting when the doctor asked her if she had a pain right across her fingers and also across her toes.

The nurseries were on the second floor and my quarters were just across the hall from them. One night I was suddenly awakened by piercing screams and the night nurse calling, "Oh, Miss Rivers, it's Maggie." She was standing in the hall above, and telling her to stop that noise instantly, I flew upstairs to settle with her for startling every one in this fashion, myself included.

She claimed she had screamed from pain, but could not locate it, and acted so silly and foolish I gave her a good scolding, told her it was folly to tell me that was a scream of pain, for I knew one when I heard it, and being unable to find any cause for her conduct, I tucked her in bed and sternly ordered her not to repeat the performance.

Her case continued to baffle us and she was finally transferred to my own hospital. There I saw her in the women's medical ward, where the nurses said she was quite docile, had made no outbreaks, was no worse, but still a mystery. I saw her a week or two later. She was then desperately ill, indeed, dying, and her case had been diagnosed as abscess

of the liver, which the autopsy fully confirmed.

Poor child! Up to the last her tongue had been unable to find the words which would give a hint of her trouble.

As I stood looking down at the white drawn face on the pillow, how cruel that scolding now sounded in my ears, and I was so confident I knew a scream of pain when I heard it! I returned to my babies in a very sober and repentant frame of mind.

* * *

This work proved exceptionally interesting, sometimes presenting surprising contrasts. For instance, I was filled with pity when I stumbled on a young girl of seventeen whose tears were falling like rain on the face of her tiny baby. Two hours later I was nonplussed to hear this same girl blithely singing, "Where Is My Wandering Boy?"

Late one afternoon Miss C. came to the nurseries and asked me to step over to my rooms. She looked worn and harassed. It seemed Jane, one of the most promising of her girls, had behaved badly all day. Besides being sullen and defiant and even impudent, her work had been so poorly done Miss C. had had to insist upon her doing it over and over until it was properly done, and finally Jane brought things to a climax by turning on her seven months' old baby and slapping him. This was too much, and Miss C. felt Jane must be punished for her cruel act, but was too much used up with the day's conflict to trust her own judgment in the matter, and now appealed to me to suggest how Jane should be dealt with. This I was unwilling to do until I had seen her face.

As she was the one who prepared all the lime water, it was an easy matter to

empty my jug and walk over for more.

Handing it to her gave me the opportunity I desired, and I did not look fully at her again even when thanking her for the fresh supply, as I did not want her to think I had noticed her unusual expression. I next slipped round to Miss C.'s room to report and dropped on the floor at her feet, Turkish fashion. She used to say I was a rare lass for sitting on the floor! A sigh of relief greeted my announcement of having thought of a way to punish Jane, which changed to a gasp of surprise when I said I wanted her to let me take Jane for a walk that evening after I was off duty. When she recovered her breath she exclaimed: "Why, that is no punishment; that is a treat, and she don't deserve it." "I know," was my reply, "that you agree with me in thinking we are here to help these girls get back to a normal condition. Jane looks to me not only sullen and defiant, but despairing, too, and if you actually punish her, you may make her desperate, and then there is no telling what trouble she may cause. Remember she is only a child herself, and has been shut up in this place for six months, where there are thirty-five crying babies besides her own, and perhaps things seemed unbearable to-day. Let me have her as I suggest, and I'll promise to walk her so far and so fast she will come back tired enough to go promptly to sleep instead of lying awake plotting." Unconvinced, yet distrusting herself, Miss C. consented to the plan, and right after supper sent Jane to my room, when she listlessly asked what I wanted of her. "It is going to be a glorious night, to-night, and I want to go for a long walk after I'm off duty, and I'd be so glad to have you go with me—that is, if you

care to—Miss C. says you may." Care! The look on her face made my throat feel very queer and as if the vocal chords had gone on strike. She stammered her thanks, but she had nothing to wear, having come to the institution with a shawl over her head. We were soon trying on some of my things and found a Spring jacket which fitted fairly well and a hat becoming enough not to make a guy of her. Then she hurried off to finish her share of the work and care for her baby with a bearing which augured well for the success of the plan.

In due time we sallied forth down the quiet, poorly lighted side street on which we lived. Tacitly leaving the institution and our life there out of the conversation, we drank in the bracing air of a frosty October night, enjoyed the friendly stars and laughed quietly over some

simple little happenings until we emerged upon one of the finest thoroughfares of the city. Now we slackened our pace, lingering to look at the displays in the brilliantly lighted shop windows, and like veritable street arabs we selected the things we should certainly come round and buy the next day. Beyond the shops were some of the finest homes in the city, and here we caught glimpses of beautifully dressed women on their way to their carriages. Altogether life seemed to hold possibilities of happiness in spite of sorrow and sinning. We were gone over two hours, and as Jane passed under the hall light her face spoke of renewed hope and courage. At the breakfast table next morning I received a good account of her cheerful face and industry.

(To be continued.)

Philadelphia, Pa.

The National Association of Colored Graduate Nurses will hold their third annual convention in Philadelphia August 16, 17 and 18. A spacious hall has been engaged, where clinics and practical demonstrations will be given. It is hoped to establish a fund which will enable the association to start a campaign against tuberculosis among colored people.

Those desiring to help to make this convention a great success should address Mrs. R. L. Williams, No. 127 North Fifteenth street, Philadelphia, Pa.

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McKeesport, Pa.

The graduate nurses of the McKeesport Hospital held their annual picnic at Olympia Park, McKeesport, Pa., July 6, during the "Old Home Week." Friends from Elizabeth, Dawson, Greensburg, Uniontown, Monessen, Hawkins Station and East Liverpool helped to make the event an enjoyable one.

Colorado.

The first annual commencement of the Weld County Training School for Nurses, in connection with Greeley Hospital, was held in the First Presbyterian Church, Greeley, June 17. Miss Norma Carter, Miss Nancy Dill, Miss Susie Beattie, Mrs. Elsie C. Jones and Miss Minnie Raine received diplomas.

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Illinois.

Commencement exercises of the Christian Training School of the Dr. White Sanatorium were held on the lawn of the Oscar Taylor home. The beautiful surroundings of shade trees and flowers helped to make the occasion one of the most unique social functions in the city of Freeport. Miss Winnifred Taylor acted as hostess. Dr. J. T. White presented the diplomas, and the pins were presented by Miss Taylor, president of the Training School. The graduates were: Miss Asmus and Miss Wyman, of Monroe, Wis.; Miss Huntington, of Bishop, Cal, and Miss Zimmerman, of Freeport, Ill.



AN OLIVE GROVE, TIVOLI, ITALY.

See article, "An Italian Holiday."

An Italian Holiday

PHYLLIS S. WOOD.

OF unfailing interest and delight are the many excursions the leisurely traveller can take in the neighborhood of Rome. But he must be leisurely.

The hurried tourist, who, with limited time, dashes from one point to another, knows nothing of the charm of wandering through the surrounding country enjoying nature alone. Leave the guide-books at home. The Spring is the season and March the month, when the air is still fresh and keen, but the sun already warm enough to bring out the early leaves and blossoms, when the birds are singing and wearing their brightest plumage and the sky above is limitless in its Italian blue.

Choose just such a day and take the little steam tram that in one hour and three quarters carries you to Tivoli, the old Tibur of the ancients. Its ugly iron blackness shrieking its impertinence across the stately Campagna robs it of none of its beauty, of none of its majesty. The plain is too vast, too extensive for such a little modern playtoy to make the awkward contrast one would fear. That little tram carries you rapidly and you are glad of the facility it affords. But presently as we steam along we begin to detect the odor of sulphur fumes in the air, and with impatient irritation we at first attribute them to our engine and sigh to think that after all modern facilities will mar our sense of the beauty around us. But no, the malodorous fumes also acquire interest when we are told that they issue from the sulphur springs that in association

are in accord with all else that pertains to ancient history. They are the sulphur springs that Pliny calls the *Aquae Albulae*, to which his contemporaries and others besides would resort for the cure of divers ailments. Half a mile to the north of the present station are the ruins of the *Thermae*, built by Agrippa. The springs are still in use and much frequented, but they are not as powerful and efficient as in ancient Roman times. The decrease in power can be measured within given limits by comparing the thin modern deposits with the ancient, which have encrusted or altogether choked pipes, reservoirs and even bathtubs.

It is with feelings of shame that we look at the modern shabby little bath-house of the *Aquae Albulae* and picture in their stead the old *Thermae*, with their colonnades of verde antico surrounding mysterious depths of turquoise blue, marble and mosaic floors, basins of gilt bronze and precious marbles ready to receive the hot bubbling water, the whole surrounded and shaded by the woods dedicated to some health-restoring nymph.

But with just time enough to set down visitors to the springs our little train snorts and fusses and is soon off again through the green undulating loveliness of the *campagna*, past the ruins of Hadrian's Villa and on toward the slopes leading up to Tivoli.

These slopes are wooded with olive trees that, seen from a distance, give the hills the soft grey-blue tone so pe-

culiar to them alone. The olive tree, with the vine, is the chief agricultural industry of the neighborhood, and is as remote in its appearance there as its earliest settlers. It was imported by the Pelasgians. In early Roman times it

making industry gained ground, as it had begun to do over the greater part of Italy. It was in the year 945 that it began to be noticeable. In 1556 a census of the trees was taken and 75,000 found to be growing within the municipal



VIEW OF THE CITY OF TIVOLI, ITALY.

was not as extensively cultivated here as it is now. The sunny slopes over which we are now climbing were at that time occupied by gardens and pleasure grounds. With the abandonment and destruction of the many villas the oil-

jurisdiction; 103,045 were numbered in 1739; 126,000 in 1845, and 150,000 at the present day. Above a certain level the olive tree bears no fruit; its limits extend over a belt of limestone foundation from 500-1,000 feet above sea level.

It seems as though the appearance itself of the olive tree told us the tale of its genealogy. The grey, bent and crooked, twisted trunks and weird outstretching arms, and the little crisp green leaf with its silvery sheen all speak of age and antiquity.

At the summit our journey ends in the little piazza of the town. Tivoli itself is only interesting for its picturesqueness, its associations and the waterfall. It was the favored pleasure resort of the ancients. Illustrious women graced it with their presence in the popular belief that the climate was good and improved their complexion; a season spent at the waterfalls wonderfully clearing the skin. Tibur was the only place known to the ancients where ivory was not discolored or blackened by age. The hills by the river Anio were considered out of reach of the plague which periodically visited Rome several times in one century, the habit becoming customary for the frightened Quirites to take refuge in Tibur at the first signs of the epidemic, though the Tiburtines showed them scant welcome, at one time chasing them back to the stricken city with cudgels, shouting: "Death to the Romans."

Many famous names in mediæval history are familiar in Tivoli. Marguerite of Austria, the handsome daughter of the Emperor Charles V., widow of Alessandro de Medici, and affianced wife of Duke Ottavio Farnese, nephew of the Pope, visited it in 1540. She was entertained in the Town House, the local noblesse making her stay agreeable with hunting, dancing and sports. Ciriaco d'Ancona, the first archæologist and explorer visited Tivoli in 1432; in 1460, Enea Silvio Piccolomini, the first learned tourist, visited there for a time

for the purpose of study. Later on he became Pope Pius II. Pope Sixtus V., in 1482, brought into fashion again the use of Tivoli as a Summer resort. But in passing we must not forget to mention Pirro Ligorio, the artist archæologist of the sixteenth century. He it was who designed the Villa d'Este, which stands on the western slopes of Tivoli, distinct and separate in interest to what the town affords. Ligorio's stupendous creation, adapting classic architecture and classic landscape gardening to the requirements of his own times, made this Tiburtine residence of Cardinal Ippolito d'Este one of the wonders of the world. It has been given the highest place of honor among Italian creations of the same nature. The beauty of its site, its groves of cypresses, ilexes and laurel, its abundance of rushing water and thousand fountains all tend to make it the most fascinating spot in which to wander and dream. It is also from the river Anio that these fountains and streams are fed.

This mighty Anio intersects subterraneously the entire town of Tivoli and gushes forth through unexpected caverns, forming the many waterfalls pouring down the hillside.

For centuries that river has flowed, and its sparkling waters have leaped undisturbed over the cliffs of the mountain, but man's superior force is now being used to curb that strength to his own just needs. Tivoli's waterfalls, with no great detriment to their natural beauty, are supplying Rome with electric power and light. It is claimed that they produce the strongest power in the world, owing to the enormous height from which they fall, though their volume is exceeded elsewhere.

Editorially Speaking

An Ill Advised Protest

It is comparatively rarely that The Trained Nurse attempts to discuss English nursing matters, for the situation and sentiment there is so confusing that injustice might easily be done. There are at least three factions in the nursing circle of that country, each presumed working in the interests of nurses, and of the efficient care of the sick, each thinking its motives and methods superior to the others, and each striving to impress its particular ideas and ideals on the British public, and especially on the British Parliament.

An occurrence of interest to some American nurses, and to some hospital people, inasmuch as it shows a significant tendency, which, though it has not yet *conspicuously* manifested itself in America, may do so at any time, was a meeting of some of the graduate nurses, some of the pupil nurses, and one of the former Matrons of St. Bartholomew's Hospital, London, called to protest publicly, apparently because a graduate of the St. Bartholomew's School for Nurses had not been appointed Matron to succeed Miss Isla Stewart, who died a few months ago. The position of Matron in England corresponds to the principal of the training school, or the superintendent of nurses in this country. The Nursing Times (London) gives the following account of the meeting:

"The appointment of an assistant matron at the London Hospital to be matron at St. Bartholomew's, has roused much indignation among Bart.'s nurses past and present, and

was the reason for a protest meeting held at the Medical Society's rooms on Tuesday night. Miss Maud Banfield, who was trained at Bart.'s, and has held the post of superintendent of the Philadelphia Polyclinic Hospital, was in the chair. Among the speakers were Miss Helen Shuter, Miss Kingsford, Miss Cox Davies, and Mrs. Bedford Fenwick, and letters of sympathy were received from two governors of St. Bartholomew's Hospital. The speakers felt aggrieved at the appointment of a matron trained in a hospital which gave a certificate after two years' training. They contended that the idea of a bureaucratic nursing system being introduced into "Bart.'s filled the staff with apprehension, and it seemed as though those who thought for themselves and believed in self-government, would have no chance of professional promotion. Resolutions were passed unanimously asking for a public inquiry into the methods of management of the nursing school, and also into the insanitary and dangerous condition of the nurses' home. Copies of the resolution were to be sent to his Majesty the King, as president of the hospital, to every governor, and to the members of both Houses of Parliament."

To the spectator this action on the part of the nurses of St. Bartholomew's seems, to say the least, ill advised. To a great many people the chief question at issue is whether the governors of the hospital or a faction of the nurses of the hospital are to manage the institution, and there can be but one answer to this question. The resolutions attacking the sanitary condition of the nurses' home, and the methods of management of the nursing school would seem to be particularly ill-timed, and the question naturally arises. Why were these things not taken up during the regime of the late

Matron? The late Matron was in full sympathy with the registration leaders in England and America. The newly appointed Matron presumed is not. We have many boards of managers in America who will fully sympathize with the governors of St. Bartholomew's in this desire for a change of policy and sentiment in the training school, however great the respect for those who have directed the work of the training school in the past, may be. In fact in a number of instances in which a change of supervisors in the training school had to be made in large American hospitals, the trustees have personally written us asking to be put in communication with women suitable for training school management, who were not given to running to extremes, and who were not active in nursing politics.

The graduate nurse who accepts the position of superintendent or principal of a training school has a responsibility for the influence which she exerts, which the graduate nurse in private life has not. She may have her own personal opinion regarding the politics of the nursing world, but she is paid to teach and manage nursing, not to strengthen any political party by influencing pupil nurses to ally themselves with it. The instructor in a medical school may have his individual opinions, which to him may seem important, but he is likely to find that he is open to censure if he uses his position as instructor to promote ideas which those in authority are convinced are better kept out of the school. Equally so the head of a training school will find it wise in the long run to keep the nursing schools out of politics, and politics out of the school.

In a number of schools in which one woman has been at the head for a considerable number of years, it has seemed

to those in authority inadvisable to appoint a graduate of the same school to the supervision and management when a vacancy occurred. The infusion of new ideas, and the introduction of new methods, so desirable in every school can as a rule more easily be brought about by one who was trained in a different school, and no body of graduate nurses should feel aggrieved or feel that a reflection had been cast upon them because a graduate of another school was chosen instead of one of themselves. If all hospitals were bound by rules or tradition not to allow any but graduates of the school to hold responsible positions in the schools, conditions would become intolerable and the work would suffer serious embarrassment. This is especially applicable at the present time, when many superintendents are interested in furthering nursing enterprises in which they have a financial interest.

The attempt of graduate and pupil nurses to control the appointment of superintendent is hardly likely to be regarded with favor by hospital authorities, and we seriously advise American nurses not to adopt the methods of that faction of the English nurses quoted in the clipping.

There is much that is done in which the assigned motive is zeal for better nursing, and higher education, but in which the real motive is found in the determination of a few people to have their own way and have control whenever possible.

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For Social Betterment

THE *American Journal of Surgery* announces that beginning with the June number it will establish a department of "Surgical Sociology," to consider various phases of the relations existing between

the needs of society and the responsibilities of the surgical profession. A full outline of what the department means to undertake is given in an editorial in the May number of the *Journal*.

We would also call attention to the report of the proceedings of a meeting held in Boston, Mass., October 20, 1909, under the auspices of the Committee on Hygiene of Sex, Massachusetts State Conference of Charities. This can be obtained from the Health Education League, No. 113 Devonshire street, Boston, Mass., on receipt of the price—8 cents.

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Our Critics

In this month's Letter Box is a second letter of criticism on the article "A Typhoid Case in the Country," which we published in May. The writer of the criticised article also contributes an explanation in answer to the first criticism which applies to the second as well.

We feel it to be only fair to us and to our contributors that a criticism written to appear on the pages of our magazine should show evidence that the article criticised had been read comprehendingly. The criticisms of this article were in large part questionings, "Why was this done?" "What was that for?" etc. A careful reading of the article shows the answers to the questionings and refutes the criticism.

Criticism is of two kinds; that which finds fault, exposes and condemns it, and that which finds fault, exposes and corrects it. We welcome criticism; we are always glad both to receive and publish it, but we feel that to be of value it should be of this second type, that the error be shown and a correction suggested. In other words the critic should

answer the question, "What would you have done?"

We have always given a contributor the privilege of appearing in print over a nom de plume, initials, etc., providing the editor knew the name and address of the writer, but we believe that *condemnatory* criticism of an article, institution or person should appear over the author's signature. This seems to be the fair treatment of the one criticised and of the editor.

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Chemistry for Nurses

IN this number we take great pleasure in presenting to our readers the first of a series of papers on Chemistry for Nurses, by Miss Minnie Goodnow, Superintendent of Bronson Hospital, Kalamazoo, Mich.

These lessons are the outgrowth of what the writer found to be a crying need in the teaching of nurses. All textbooks and nearly all doctors assume that the nurses whom they address have some knowledge of chemistry. In the average training school about one nurse in ten has studied it, and the rest are hampered by its lack.

Chemistry forms an important part of the foundation of all other sciences, and a knowledge of it is necessary for the correct understanding of them. In the medical sciences the underlying principles of chemistry come into constant use. The study of physiology with its complicated processes of digestion and nutrition, of materia medica with its multiplicity of compounds, of urinalysis, and of dietetics, cannot be successfully undertaken unless the pupil has learned something of chemistry.

These lessons are designed to give to

nurses, not a chemical education, but only sufficient knowledge of the subject to enable them to comprehend their work in other lines. It is not intended for those who have studied chemistry, but for the very large number of nurses who have had no instruction in this branch.

Theodore W. Richards, in an article in the *Atlantic*, says: "Our bodies are wholly built up of chemical substances, and all the manifold functions of the living organism depend at least in part, upon chemical reactions. Chemical processes enable us to digest our food, keep us warm, supply us with muscular energy. It is highly probable that even the impressions of our senses, and the thoughts of our brains, as well as the mode of conveying these through the nerves, are all concerned more or less intimately with chemical reactions. In short, the human body is a wonderfully intricate chemical machine, and its health and illness, its life and death, are essentially connected with the co-ordination of a variety of complex chemical changes."

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A Voice from the Regents' Office

At the January meeting of the Medical Society of the State of New York, held in Albany, considerable attention was paid to the question of nursing education and registration in New York. After a number of physicians had expressed their dissatisfaction with the present situation in that State, Mr. A. S. Downing, of the State Education Department, Albany, spoke as follows: "It has been my official duty to study the question of training of nurses, and to deal with the problems involved. I am in sympathy with those who believe that we should provide by statute for a class

of nurses, especially known as domestic or practical nurses, who shall go to the middle and poorer classes and give their services at moderate prices, but who working under the immediate direction of the physician, are competent to perform the ordinary duties required by the physician in the care of the sick. There are many people in moderate circumstances who can afford to pay moderate prices for nursing, but who cannot afford to pay the extreme price of \$25 or \$30 a week for such services as are rendered by trained nurses. In the consideration of this question the medical profession, the people at large and the registered nurses must all be protected."

On motion of Dr. Barber, of Rochester, a committee of five was appointed from the medical society to confer with a similar committee from the Board of Regents in regard to this matter.

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A Commendable Example

THE Illinois nurses have set a commendable example to nurses in general by their decision to erect a cottage for Illinois nurses who contract tuberculosis. The cottage will be in connection with the Illinois Sanitarium. Every few weeks we hear of some nurse who has been obliged to give up her work owing to her having contracted this disease. Much time and money has been spent by nurses in journeying to California, Colorado, Texas, Arizona and such places in search of a cure. Now that it has been demonstrated that a cure is possible in practically any climate, given certain conditions, it is surely fitting that nurses themselves put forth an effort to provide suitable accommodations for the nurses of their own State who contract

the disease. Quite recently we were told by an architect that for the sum of \$400 upward an open air cottage, to accommodate two nurses, could be erected. Usually the State or the tuberculosis association will provide the ground. No more worthy object has ever been undertaken than this form of service, and we earnestly commend the subject to the consideration of State and local organi-

zations. Illinois nurses are, of course, not the only ones to undertake this kind of work. Out on the Pacific Coast, the nurses of Washington State have taken a similar forward step and will build a cottage for nurses in connection with the tuberculosis camp to be established near Seattle. Let the good work go on. If others are working along this line, tell our readers about it.

Virginia.

Graduating exercises of the 1910 Class of the Memorial Hospital School for Nurses began Sunday, May 22, when the Rev. S. C. Hatcher, pastor of the Broad Street Methodist Church, delivered the Baccalaureate sermon.

Monday, May 23, practical demonstrations were given by the class. The amphitheater was filled to its utmost capacity with friends of the graduates and with Richmond people, who have always maintained a keen interest in the work of the school.

The commencement exercises proper took place Thursday, May 26, in the auditorium of the John Marshall High School. There were ten graduates. The following day a dinner was given by Dr. Lewis C. Bosher, president of the hospital, at the Jefferson Hotel, to which the entire Alumnae Association was invited.

The graduates are Miss Bertie M. Arritt, Miss Saddle Blankenship, Miss Pauline Brook, Miss Kate G. Gilliam, Miss Frances F. Hesser, Miss Minnie Howse, Miss Ida J. Lucas, Miss E. Meade, Miss Florence L. Reinach, Miss M. E. Taylor. The class motto: "Fidus et Audax."

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Married.

Miss Mertie McDonald, former day supervisor of nurses at the Harrisburg (Pa.) Hospital, and Dr. Jesse L. Lenker, a former resident physician, were married March 31st, at about 9:30, at their newly furnished home. The ceremony was performed by Rev. Rene H. Williams, pastor of Messiah Lutheran Church. Only the immediate relatives and

friends of both couples were present at the ceremony.

Mr. and Mrs. Lenker will be at home to their friends at 21 North Fourth street.

The marriage is announced of Dr. S. L. Smith, of Poughkeepsie, N. Y., to Miss Mildred Gorham, who was a nurse in the Roosevelt Hospital in New York City. The marriage took place in Nova Scotia. The doctor is one of Poughkeepsie's physicians, having been practicing in that city about a year. Previous to that he was connected with Vassar Brothers' Hospital.

Miss Alice Edith Bair, graduate of Columbia Hospital Training School for Nurses, Pittsburg, Pa., class November, 1909, was married in Wilkesburg April 14, 1910, to Dr. J. Franklin Gonell, Marietta, Ohio. Dr. and Mrs. Gonell will live in Munhall, Pa.

Miss Alta Briggs, a graduate of Green Gables Sanitarium Training School for Nurses, was married on June 1, 1910, to Dr. Harry Brown. After an extensive Eastern trip Dr. and Mrs. Brown will be at home in Daykin, Nebraska.

Miss Katherine Geesler, a graduate of the Amsterdam City Hospital, Amsterdam, New York, and formerly head nurse of the same hospital, and also a graduate of the Pennsylvania Orthopaedic Institute, was married on April 20, 1910, to Mr. George Hoff, of Frankfort, N. Y.

The Hospital Review

Hospital Noise.

The annual meeting of the Canadian Hospital Association recently held in Montreal was one of unusual interest and value. Several speakers from the United States were present. Dr. Holmes, of Cincinnati, spoke on "The Hospital Unit," Dr. Barnhardt, of New York, on "The Nursing of the Insane," and Mr. Sturm, of Chicago, on "Hospital Construction." One of the most practical papers of the conference was given by Dr. Boyce, of the Kingston General Hospital, on the very prosaic but intensely important subject to hospital people—"Noise." It is a thing complained of in practically every hospital, yet never remedied. In New York City one woman, Mrs. Rice, has for years been conducting a quiet campaign for the suppression of unnecessary noise. The inspiration for her campaign was an attack of illness, during which she had been tortured by noise, and she finally resolved that if she did regain her health in spite of the noise she would try to do something to suppress needless noise. Since her work began "zones of quiet" have been established around many of the hospitals. Civic authorities, factory managers, steamboat captains and numerous others in authority, who are in a position to check unnecessary sounding of gongs, blowing of whistles and other disturbances, have been interviewed and co-operation secured, and in a quiet way much has been accomplished. "Zones of quiet" around hospitals are good, but "zones of quiet" inside hospitals are even more necessary. A league for the suppression of noise in hospitals is badly needed. Who will start it? Speaking on the subject of noise, Dr. Boyce said that he thought if the whole number of hospital superintendents had suddenly to change places with the patients and betake themselves to their cots how long would it be before there would be a revolution? Silence as a printed word may be prominent upon our door posts and lintels, but it enjoins a law honored more in the

breach than in the observance. "Have you not heard," he says, "the slamming of the door, the doctor's stentorian 'Good Morning,' the stumbling of the visitor as he slowly mounts the stair, the laughing chatter of some idiotic house surgeon, or sillier nurse, the moaning of the operative, the crying of children, the whistling of the staff, and the thousand other noises which may be within our walls? But let us ask, do we really hear them, or have we become so accustomed to the commotion that it goes on all unnoticed. * * * Judging from the little I could find written on this subject, I think it is one that is neglected both in theory and practice. * * * Can we not all see many ways in which this disturbing factor—'noise'—is preventing the realization of the highest efficiency of our hospitals?"

Dr. Boyce stated that as conditions differed so greatly the problem had to be considered by each institution with its own difficulties in view, but he mentioned a few principles of general application:

First—The site and its surroundings. This should be away from city traffic and not adjacent to factories.

Second—The construction. Hospital architecture had become a science and art by itself. The question of how to eliminate noise should be ever present during construction.

Third—By the rearrangement of departments, even in an old building, much could be done. Obstetrical and children's wards should be in a separate building; ward pantries so arranged that noise from them would not reach the patients. Bells should be replaced by electric signals.

Fourth—The personnel of the staff was the most important of all. The superintendent should teach by precept and example that quietness was one thing needful for every one to observe. The interne with the swelled head, the jocular one who is always trying to provoke the nurses into spasms of laughter, and the one who insists on his right to make as much noise as he pleases, ought to be ban-

ished from hospitals. At least this was the inference. The physicians and surgeons are as noisy as any, but Dr. Boyce does not suggest what measures should be used to reduce these functionaries to order.

Regarding nurses, he says: "Of all the individuals connected with hospitals none can do more to disturb its peace or blast its prospects than the nurses. If after the weeding out done during the probationary period there are those who persist in disturbing the wards by engaging in foolish talking and laughing with house surgeons or visitors, they should be severely reprimanded. One who habitually disturbs her patients in this way does not care for their welfare; hence she will neglect them and doubtless make false records. She is not conscientious and faithful; hence, the sooner the hospital is rid of her the better for all concerned. We all know a great deal may be accomplished in keeping nurses in check by having a faithful, tactful head nurse in charge of the wards. Not only will she have a good effect in this connection, but every one in the ward will do her work in a quieter manner."

In conclusion, Dr. Boyce asserts his belief that by eternal vigilance it is possible to change the atmosphere of our hospitals from that of ceaseless and bustling activity into one of calmness and repose. Wherein even the most fastidious neurasthenic will not find noise a source of irritation and where weary sufferers may in very truth find real rest.

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American Hospital Association Convention.

The twelfth annual conference of the American Hospital Association will be held in the convention hall of the Planters' Hotel, St. Louis. Among the papers to be presented are the following:

1. "Relationship of Trustees to Superintendent." Dr. Henry M. Hurd, Johns Hopkins Hospital, Baltimore, Md.
2. "Private Rooms in General Hospitals." Dr. C. Irving Fisher, Presbyterian Hospital, New York City.
3. "The Training of Hospital Superintendents and Heads of Departments." Dr. F. A. Washburn, superintendent Massachusetts General Hospital, Boston, Mass.

4. "Co-operation vs. Individualism in the Care of the Sick." Mr. Bailey B. Burritt, secretary State Charities Aid Association, New York City.
5. "Preparation and Use of Detailed Reports for Smaller Hospitals." Mr. Walter Mucklow, director St. Luke's Hospital, Jacksonville, Fla.
6. "The Education of the Nurse in America." Dr. Richard O. Beard, secretary University of Minneapolis Hospital, Minneapolis, Minn.
7. "The Hospital as a Commercial Factor." Mr. Del T. Sutton, editor International Hospital Record, Detroit, Mich.
8. "Methods of Raising Funds for a General Hospital." Miss Lucia L. Jaquith, superintendent Memorial Hospital, Worcester, Mass.
9. "Hospital Construction in St. Louis." Dr. Wayne Smith, superintendent University Hospital, St. Louis, Mo.

Two special committees will report on subjects of unusual interest at this meeting. The Special Committee on "The Education and Training of Nurse Assistants for the Care of People of Limited Means in their Homes and the Nursing of Patients Suffering from Chronic Diseases" will make a report which will be of interest to hospital workers and physicians in general. The report of the Special Committee on "Bureau of Hospital Information and permanent Secretaryship" will deal with the advisability of establishing a permanent headquarters or office for the association.

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A Course in Hospital Administration.

For some time past the authorities of the Methodist Episcopal Hospital, Brooklyn, N. Y., have been considering the establishment of a course in hospital administration similar to that now given at the Grace Hospital, Detroit, and the Massachusetts General Hospital, Boston. Those who are interested in the extension of facilities for training in hospital management will be glad to learn that the course is to be launched this Fall. It will extend over six months and will include instruction in the management of the details in the business office, the office of the supervisor of

nurses and of the various departments of the hospital.

Recently enlarged, the hospital has now a bed capacity of about 250, and is exceptionally well equipped in all its departments. The following departments are maintained: General medicine, general surgery, obstetrics, children's diseases, orthopedics, throat and nose, eye and ear, electro-thermotherapy.

In addition a limited number of post-graduate students will be admitted for special training in practical nursing. This course will be largely elective, so as to meet as completely as possible the needs of the individual nurse and will also extend over six months. The privilege of gaining special experience in the operating room, the diet kitchen and in the care of private patients will be made possible for those desiring it. The obstetrical department is a large and growing feature of the hospital work.

In adapting the general arrangement so as to provide for these changes, the term of the general nursing course for undergraduates has been changed from three years to two years and six months.



Victorian Order Hospitals.

The annual volume of the Victorian Order of Nurses numbers 136 pages, and is a splendid record of work and progress, and self-denying activity carried on in many places under great difficulty. If there are any who doubt that we have nurses as ready to undertake pioneer work to-day as in years gone by, we would recommend a perusal of the year book of the Order. An important part of the work of this society is the establishing and fostering of hospitals in frontier towns and out-of-the-way places far from large medical centers. Eighteen of such hospitals are now under the care of the society, and a number of others have grown so as to no longer need the guidance and assistance of the order that brought them into existence. These hospitals are located all the way from Harrington, Labrador, on the east coast, to Rock Bay, Vancouver, on the west. Each of these received a grant from the Lady Minto Cottage Hospital fund. Miss Mary Ard Mackenzie is the efficient superintendent of the work of the order, the headquarters being in Ottawa, Canada.

A Golden Jubilee.

It is given to but few people to remain forty-one years as superintendent of a hospital. During the closing week of May a unique celebration took place at Mercy Hospital, Chicago, being the golden jubilee of Sister Mary Raphael, who has been fifty years a nun, and forty-one years superintendent of Mercy Hospital. Pope Pius sent a cablegram with his special blessing. Dr. John B. Murphy and others paid their tributes. The amphitheater was decorated with flags and flowers. After the banquet, Sister Mary Raphael was presented with a substantial purse, to be used for her personal needs and comfort. Dr. Murphy stated that she began her career as a hospital superintendent before the days of aseptic surgery—had seen many patients die of hospital gangrene, and had had to learn how to manage a hospital, then unlearn much, and learn it again in accordance with modern science. Another speaker remarked that her life, like that of Jane Addams and Ella Flagg Young, was an argument for women in high executive offices.



Notes and News.

The German Hospital, Brooklyn, N. Y., has completed its tenth year and already has far outgrown the present capacity of the building. During the year 1881 patients were admitted to the wards, and 587 accident patients were treated. The operating expenses for the year amounted to \$63,025.94. A large new dispensary building was completed, a mattress sterilizer was installed, a refrigerating plant arranged for and numerous other practical improvements were made. There is urgent need for additional accommodation. Mr. William H. Condon is superintendent, and Miss Ella Kurtz, superintendent of nurses.

A hospital, under the management of the Franciscan Sisters is to be erected in Waterloo, Iowa, this year. Mr. J. H. Temme, who superintends the erection of hospitals for the Franciscan Sisters, will arrive in Waterloo to take charge of the construction as soon as the hospital, now nearing completion in Milwaukee, is entirely finished. There will be 78 private rooms and the building will accommodate 100 patients.

By July 1st it is expected that the new addition to Graham Hospital, Keokuk, will be completed. The hospital is conducted under the auspices of the Methodist Church. Many changes have also been made in the old building. The old signal bell service has been done away with and a modern electric flash light service installed. The new building provides for X-ray rooms, a suite for patients temporarily insane, a splendid operating department, besides many private rooms, making it one of the best equipped of the smaller hospitals in the Mississippi valley.

A tent hospital camp for tuberculosis patients is to be established at Fort Wayne, Ind. The equipment is to be provided by the National Red Cross, from a fund created by the sale of Christmas stamps.

The Indiana State Tuberculosis Hospital, near Rockville, is practically completed, but as the legislature appropriated no funds for maintenance, it may have to remain idle till the next session of the legislative body.

An addition to the St. Barnabas Hospital, Minneapolis, to cost \$54,000, has been begun.

The contract has been let for a \$37,000 addition to the Presbyterian Hospital, Pittsburgh.

The Baldwinville Cottage Hospital is to receive \$15,000 by the will of Martha R. Hunt, of Somerville, Mass.

Bethany Hospital, Kansas City, Mo., is to have a new building to cost \$160,000. The hospital will be built in a five-acre park, will contain 153 rooms and will be, when completed, one of the splendidly equipped hospitals in the Southwest.

The Board of Education will supply a teacher to the Children's Free Hospital, Detroit.

Mrs. A. J. Cassatt, of Haverford, and her children have donated a building to the Bryn Mawr Hospital to be used as a children's ward.

The New England Deaconess Hospital, Boston, has completed its fourteenth year, during which 962 patients were treated. Three hospital needs are at present especially felt: There should be erected a new commodious nurses' home, an administration building and the wiping out of a debt of \$37,000 on the present building.

In the nursing department the hospital cooperates with the Cambridge Visiting Nurses' Association, two or three nurses being engaged in district nursing as a part of their training. Miss Adeliza A. Betts is the efficient superintendent, and Mr. Clarence A. Williams, the well-known specialist in hospital heating, ventilating, etc., is chairman of the Hospital Board.

The Franklin Hospital, Franklin Falls, N. H., was formerly opened January 1st.

Ferris Hall, the new home for nurses and attendants at the State Hospital, Binghamton, N. Y., has been completed. It has accommodations for about 150 persons. The cost was about \$90,000.

The new Jackson Hospital and Sanitarium at Jackson, Miss., has been formally opened.

Dayton, Washington, has opened a hospital with accommodation for fifteen patients. Miss N. Grant, of Joplin, Mo., is to be in charge.

Plans have been accepted for the new Grady Hospital at Atlanta, Ga., to accommodate about 100 patients.

The new Coney Island Hospital has been completed at a cost of \$350,000. It will accommodate 110 patients. A nurses' home, capable of accommodating 100 nurses, is a part of the new plant.

A center building is to be erected at the Central Maine General Hospital, at Lewiston, to cost \$75,000.

St. Luke's Hospital, New York, is to receive a million dollar gift from the estate of the late D. O. Mills.

In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS

Demonstrative Teaching

CHARLOTTE M. PERRY

Some little effort has been made to do away with the expression theoretical as compared with practical, with the idea that as all nursing knowledge is practical, the differentiation leads to confusion. Some would even go so far as to eliminate text-books. But for any craft requiring accurate knowledge we need both, and text-books are necessary for study and for reference. Professionally, our subject matter is very large. It is technical and difficult to the uninitiated, even to high school graduates whose home bringing up has not been what it should be. So that although great stress is to be laid upon the practical element, the technical foundations are also important. When the subject matter for the guidance of Nurse Training schools was first issued there were two classes of objections. Some superintendents of training schools said—we have always taught all those details to our pupils. Some physicians considered that we were crowding and obscuring the mind of the student by a mass of unnecessary and indiscriminating subjects for study. However, as these methods work out on practical lines, as they are shown in their true colors, by rearrangement and definite setting, it is apparent that the good accomplished by these progressive movements toward the better education (not the over-education) of the nurse are being appreciated.

To make our teaching effective, we need certain conditions as well as the improved methods. The latter are valueless without the former. A sort of reaction brought to us for awhile the inferior candidate, as well as a falling off of applicants of the right kind. The forces which lay back of this condition are now coming to light. In the first place, the age itself is responsible for women, who now have so many avenues

opened to them, not selecting a vocation which requires courage and self-sacrifice; though many are realizing that nothing truly noble can be had without struggle, and also that the profession of nursing is richer in opportunity than almost any other pursuit. In applying our methods with inferior pupils, and too few of them at that, we have met another serious obstacle. But there are hindrances to all real advance, and now that enough progress has been made to bring our difficulties clearly before us, we can set about to discover the remedy. The addition of lecture rooms to many training schools, the increase of the teaching staff as well as of the nursing staff, day classes, the refinite arrangement of the working schedule, with set time for study, and the sifting out of undesirable material have done a great deal toward success in carrying out the improved methods.

In this success, demonstrative and preliminary teaching take first rank. It is time saved to the hospital, and to the patient, the avoidance of discomfort, often of trying and fatal mistakes, to gather the probationers into preliminary classes, as is done at the Massachusetts General Hospital in the most satisfactory manner. These new comers are taught not only the practical details of nursing, but personal and public hygiene and ethics, before taking up the work in which they are taught. It is absolutely necessary that the demonstrator be one who thoroughly understands the tradition of the hospital. Innovations work sad havoc with the pupil who is trying to do just as she is taught. If she returns to her ward to receive different instruction from her head nurse, the lessons are worse than lost; for careful habits, which are most necessary, are broken up before they really become established as habit. Sow an

act and reap a habit. But the act must be the same seed, or there will be heterogeneous growth. This makes evident the wisdom of selecting the teachers carefully, of avoiding many changes of instructor. The traditions of any school are the most sacred of all its possessions. Methods must tally with all the members of the teaching staff, if it is to be said of the pupil "a stranger will they not follow."

Public demonstrations before superintendents and members of other schools are of the utmost value. One is recalled at the Sim's Operating Theatre, New York, at the

meeting of several schools throughout the country. New points were carried back and made part of their traditional stock. Too much emphasis cannot be laid upon the desirability of this exhibition of nursing technic in all the training schools—of taking new material and starting it right; of harmony among the teachers; of avoiding, as far as possible, changes in the teaching staff; and of providing suitable lecture rooms, with facilities for demonstrative teaching, where regular classes may be held, and the first instructions clinched, before the prospective nurse starts out on her serious mission.

Institutional Nursing

CHARLOTTE A. AIKENS

The difficulty in securing capable institutional nurses is felt generally throughout the United States and Canada. Superficial observers have attempted to account for this condition by saying: "Nurses do not want institutional positions. Private nursing pays so much better"—a half truth which will be accepted only by those who do not know better. The experience of several different individuals who have attempted to conduct a bureau or agency for supplying nurses with institutional positions shows very plainly that there are plenty of nurses who want institutional positions. In fact, one after another of such ventures has been abandoned chiefly because of the overwhelming numbers of applicants for institutional positions in proportion to the demand. Wherein then lies the difficulty? Like most other difficulties, it has two sides—at least two sides that used to be considered—the institution side and the nurses' side. A nurse on being asked why she gave up her position as head nurse at a certain well-known hospital replied: "The work was too hard, the hours were too long, and the pay was too small." These very same objections have been made, and could be made, in connection with hundreds of other institutions. Added to this is the fact that the institution provides for no advanced course of study or instruction for its head nurses that would widen their knowledge beyond the special department to which they are assigned. It is not unusual to see an advertisement for a head

nurse, offering \$30, \$35 or \$40 a month. On inquiry one will find that the superintendent (or the board) wants and hopes to get for that price a thoroughly trained nurse graduate with "executive ability" and various other desirable qualifications. They will not get and retain capable women at that price. Plenty of nurses will accept such a position as a temporary arrangement. They will gladly accept it if attached thereto is a comprehensive practical course of instruction along some special line—apart from bedside nursing. But it is difficult to convince the capable graduate nurse with executive ability that an average wage of \$1.00 to \$1.50 a day, or less, is a just equivalent for the skilled service demanded of her. When a nurse is an unknown quantity, with her ability and desirability as a head nurse yet to be found out, it is not unreasonable to offer the salaries mentioned for a definite trial period—three months or four months, or six months, perhaps, but with it should come the assurance that if she "makes good" as a head nurse or night supervisor her salary will be increased, she can afford to work for these salaries till she gets some experience. A hundred or a hundred and fifty dollars a year added to the salary of half a dozen head nurses is a mere bagatelle in the total expense of an ordinary institution, say of a hundred beds. The cost of such an institution will run anywhere from perhaps \$60,000 a year up to \$100,000. One thousand dollars more expended, or even less than that,

in many such institutions, and a few additional comforts, would help very largely in solving the head nurse problem. The capable head nurse, who is assigned to one special department, to attend to certain routine duties there day after day, or night after night, can be content to remain, if while performing those routine duties she is able to make a substantial saving for the future—otherwise she cannot, and should not. She can be content to accept a small wage if she is getting a well-rounded, advanced training and experience that will fit her for a position of greater responsibility in the future.

Two or three large hospitals of which I have knowledge have worked out a plan which has very largely removed their difficulty of securing competent head nurses. They give a three year course of training. At the end of two years there are sure to be several nurses in each class who have demonstrated their fitness and desirability along the line of supervisory work. A certain number of these are selected and given the opportunity to take up such work as heads of department, if they will contract to remain with the hospital for two years longer on a definite salary. This makes for those nurses a four-year course—two of which are spent in general bedside work, and two in "executive work" as heads of departments. A general course on hospital and training school administration covering two years is given them. For the first year of this institutional course, which makes their third year of training, they receive, I think, either \$25 a month, or \$30, and for the second year an advance of \$5 or \$10 a month. If they elect to remain with the institution longer, of course they may with their experience and training, but most of them readily find positions as superintendents of hospitals or training schools at a better salary than they could command as head nurses.

Another phase of the head nurse question is the matter of accommodation. In a great many hospitals no special, no better accommodations are provided for head nurses than for probationers. The hospital needs capable trained women in such positions permanently. It expects the head nurse to consider the

institution as her home and keep its interests always to the fore, yet in many places there is a strange lack of "home" comforts. such as a refined woman needs, and as head nurses, who are constantly surrounded by depressing influences and perplexing human problems ought to have.

There is no lack of suitable material for institutional work, or, in other words, of nurses—given a suitable training—who are suitable for hospital positions.

There is rarely a graduating class in a school of moderate size which has not some nurses in whom the authorities see splendid possibilities of development along executive lines. What we lack are proper plans for developing those possibilities and the spirit which is willing to make it worth while for nurses with executive ability to develop, in a well-rounded manner, the powers they possess. The solution of the head nurse or institutional nurse problem rests in the hands of superintendents of hospitals and hospital schools. It demands attention and concerted action on the part of the moderate sized and large institutions. No one else will ever solve this problem for hospital people. It is their job, their responsibility. Others may try to work at it, or play with it, but they alone can work the problem out to a solution.

It would be unfair to suggest that these criticisms apply to American hospitals as a whole, for one will find a diversity of conditions that makes it impossible to "lump" or group hospitals in any one class, or to make sweeping criticisms that apply to institutions in general. In many institutions, both small and large, the head nurses have good accommodations and are fairly well paid. In others there is a more or less irregular procession of head nurses through the institution, and it is not unusual to find that where four graduate head nurses are employed the whole four positions have changed heads in the course of a year or less. At the bottom of the problem will often be found the fact that the nurse wishes institutional work, prefers it to any other line of work, but cannot afford to spend the best earning years of her life for the money that is offered.

(To be continued.)

Book Reviews

Medical Inspection of Schools. By Gulick and Ayres. This book first appeared in October, 1908, and was reprinted in January, 1909, and in December, 1909. It is one of the by-products of the "Backward Children Investigation," a research supported by the Russell Sage Foundation, of which the authors of the book are directors.

Medical inspection of schools has now become so firmly established, here and abroad, as an effective measure in protecting the community, as well as furnishing the physical conditions under which wholesome life can develop, that any argument for its adoption seems unnecessary. It is alike curative and preventive. This is clearly set forth in this contribution by the Russell Sage Foundation. Twelve chapters deal with the various phases of school inspection, viz.: Inspection for detection of contagious diseases, the teacher, the school nurse, physical examination, vision and hearing tests, administrative, controlling authorities, legal aspects of medical inspection, retardation and physical defects. Six sheets, sixty-four forms and thirty-one tables are interspersed in the text, and there are three indices containing "Suggestions to Teachers and School Physicians," "Typical Set of European Blanks and Forms" and "Rules Issued to Medical Inspectors of Schools."

The development of medical inspection has demonstrated the need of school nurses, and in many parts of this country the growth is toward the great expansion of this branch of nursing. Dr. S. W. Newmayer, of Philadelphia, terms the school nurse "the most important adjunct to medical inspection," while in New York the Commissioner of Health says: "The school nurse has been voted a success from the day she began work." Dr. Thomas F. Harrington, of Boston, writes: "It does not seem possible to conceive a more satisfying arrangement or a

more effective piece of school machinery than the school nurse under school supervision." Nurses are rapidly fulfilling the demands, and many training schools have opened courses of instruction on the duties of the school nurse. To quote the book before us: "To sum up the case for the school nurse—she is the teacher of the pupils, the parents, the teachers and the family in applied practical hygiene. Her work prevents loss of time on the part of the pupils and vastly reduces the number of exclusions for contagious diseases. She cures minor ailments in the school and furnishes efficient aid in emergencies. She gives practical demonstrations in the home of required treatments, often discovering there the source of the trouble, which, if undiscovered, would render useless the work of the medical inspector in the school. The school nurse is the most efficient possible link between the school and the home. Her work is immensely important in its direct results and very far-reaching in its indirect influences. Among foreign populations she is a very potent force for Americanization."

The results of medical inspection, as well as the methods for carrying out the work by both physicians and nurses, are all given clearly and graphically. There is no other book so well adapted to the needs of the nurse who is contemplating taking up this branch of public service. As a book of general information on many subjects not treated in the usual medical text-book, the nurse will find this volume most suggestive and helpful. As a means to preparation for work in schools, factories, social service and settlements, such a guide as this book offers is a necessity. The sources of information are the best and the book is prepared with a view of giving to physicians and nurses a concise, accurate view of this new branch of medicine and nursing. We commend the volume highly.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

A Criticism.

To the Editor of The Trained Nurse:

Several of the leading members of our profession here beg of you to enlighten us as to the report of a typhoid case in the country that appeared in the May issue of THE TRAINED NURSE.

Was it a bona fide case, and was the nurse a graduate nurse, and if so, of what kind of a school, and if she received any training was it not some decades ago?

Why does she not study up on *disinfection*? And why so extravagant? *Four granite* bed-pans, and *six granite* urinals for one patient, and the amount of sticky fly paper and mosquito netting! And *how* could she use six "fly spatters"? We have decided that the \$20.00 she received was ample remuneration for her services. We trust that the valuable and generally *truly helpful* pages of our TRAINED NURSE will not again bring to us such useless (and to the recent graduates of small schools *harmful*) matter.

I was superintendent of a typhoid hospital in an Eastern city during an epidemic of typhoid.

AN EASTERN GRADUATE IN A WESTERN TERRITORY.

[Read Miss Nelsen's answer in this number.—Ed.]

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What Would You Have Done?

To the Editor of The Trained Nurse:

In the letter box of the June issue there appeared a criticism of my article on "A Typhoid Case in the Country." I am sending a reply or an explanation which, should you deem the subject worthy of so much space, I would be glad to see appear in the Letter Box.

The criticism affords me both amusement and chagrin; amusement that my critic wrote before she had read understandingly the conditions I outlined and the methods I used; chagrin that I did not write so plainly that not only "he who runs," but she who skips, may read and comprehend.

The article was not written as a "parody

on nursing," nor was it intended to be instructive in the sense of telling how to manage typhoid in the country, but simply as a report of a case which I thought was so unusual in its setting and accompanying conditions as to be of interest. It was a place where the ordinary routine of procedure did not fit at all.

As I review the published account, I can see the possibility of it being understood that I knew no other way of disinfection. My critic asks how I could have missed learning the "sane, easy methods of disinfection taught in the training schools." I think that without egotism I can state that my training and experience have been equal to the average, and it was my very knowledge of the possible futility of the "sane and easy" way that led me to use a sure, if insane, method. Less than a year before I had known of a case of typhoid where the routine chemical disinfection was carried out conscientiously, but a spring, the source of the water supply, became contaminated, with seven cases, one the nurse, and two deaths resulting. Everybody was blamed until, after laboratory tests, the disinfectant was proven inert. A few years ago I was in a hospital where the routine of disinfection for typhoid excreta was to mix with chloride of lime and let stand for a period before emptying in the hopper. An enterprising house doctor experimented with faeces so treated and grew healthy cultures. The method of disinfection was at once changed; the reason given was that the chloride of lime coated the waste pipes. Needless to say the happening was not published broadcast.*

This knowledge, not my lack of knowledge, made me doubt means of disinfection the efficacy of which I must take on faith.

*Perhaps had the writer included in the original article this paragraph of explanation of why she was reluctant to depend on chemical disinfection adverse criticism of the method employed would have been lessened thereby. Nevertheless, we feel she is quite justified in answering her critics with the question, "What would you have done?"

Regarding other criticisms, I feel that a reasonably careful reader will understand from my article why I needed every one of the things I gave in my list. Just for one instance this critic asks why "even in the home of a Rockefeller" would fifty yards of mosquito netting be needed. It wouldn't be needed there. I did need it, in a house where the only attempt at screening was slats tacked across the pantry window to keep cats out. I refer my critic to page 294 of the May issue, to the paragraph about the use of the netting.

The criticism of my associates at the nurses' registry was of so different a character that it seems the written report made a very different impression from a verbal one. The registry criticism was that I was unprofessional in staying on a case where the doctor's attitude was so discourteous; that I ought never to have recognized and carried out a doctor's direction given to a patient; that I should have reported the doctor to the Board of Health for his disregard of sanitation; that it was disgraceful to do the washing; that I should have brought suit to recover full pay for my work, etc.

I believe that I carried out my profession's purport, conscientiously and in the most practical way, all things considered. I would like to ask my critics just what method they would have employed to attain the same results. It is very easy to say. "You ought to have done," "You ought not to have done." Is it quite as easy to answer, "What would you have done?" I leave that question before you.

ANNA R. NELSEN.

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Seventh Day Adventist Nurses.

To the Editor of The Trained Nurse:

The article in the July number by James D. Montgomery on Seventh Day Adventist nurses has been read and reread with very great interest, and I feel "moved" to reply. The first thing I would say is that though the writer evidently aimed to show that the S. D. A. nurses were of a different order from the regular everyday type graduated from other schools, he is unquestionably mistaken in many particulars. They may be "a peculiar people, zealous of good works," but not quite so "peculiar," not quite so different from the rest of us, as he imagines. Hydro-

therapy is taught and practiced in all good schools whether they are S. D. A. schools or not. I felt like saying as I read of some of the differences he claimed: "All these have I known and practiced from my youth up." It looks to me as if the gentleman were trying to attribute the changes in medical teaching and practice for the last ten years to the Seventh Day Adventists. For instance, "Morphia and other drugs are considered good nerve sedatives, but our people only resort to them in extreme emergency. For a nerve sedative it has been found that hot applications to the spine and massage give excellent results." Where is there a training school where those very points are not taught and practiced?

Another illustration: "Calomel," he says, "is considered by the profession at large as an efficient cholagogue, but our nurses regard the hot and cold alternate applications to the area over the liver as more efficient than the chloride and much less dangerous. They also recognize the specific action of certain fruits and use them as occasion may indicate." If a doctor orders a dose of calomel for a patient, will S. D. A. nurses refuse to give it, and prescribe instead the hot and cold applications over the liver? What difference what treatment nurses regard "as more efficient;" have they any right to prescribe them or substitute them for the one the physician orders? From the beginning of nursing nurses have had to give treatments under a physician's order which they, perhaps, did not approve of. It was not their business to approve or disapprove of them, and the bare suggestion of nurses following the example of the S. D. A.'s, as described in the article, would create a revolution in the medical and nursing world in a short time.

Further the writer says: "In the medical creed of this people is an article stating that poisonous drugs are not necessary in the treatment of diseases." * * * The saline laxatives and other drugs are used to induce movement of the bowels, but these nurses have learned to value the enema as more desirable in many ways. Also they are trained to diet for the same results. * * * Acetanilid may be a specific headache remedy, but we find that headache may usually be relieved without resort to this remedy. I wish to ask if the

S. D. A. nurses always nurse for S. D. A. doctors, and if they do not, how far do they go in carrying out the medical creed that poisonous drugs are unnecessary in the treatment of diseases? Also I would like to suggest to the writer that in more than one textbook prepared for nurses and in use in the best schools he will find lists of fruits and foods having a laxative effect, and the dangers of acetanilid as a headache remedy are commonly taught to probationers and to the public at large. I have no quarrel with much of the doctrine the writer wishes to spread, but I object to the suggestion that many of the methods and beliefs mentioned are peculiar to the S. D. A. nurses.

If the author of the article believes that in the use of remedies the company of nurses under consideration work on entirely different lines from those of most other schools, he is wrong. It is true they may put more emphasis on some of these points in S. D. A. schools, but it is largely a question of emphasis, not of discovery, if the methods mentioned are typical of the training in S. D. A. schools.

ANNA W. BARCLAY.

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An Experience in China.

To the Editor of the Trained Nurse:

When the United States soldiers were on duty at Tientsin, China, during the Boxer trouble, the splendid American missionary homes and schools were vacated and used as hospital wards for our sick, wounded and exhausted soldiers during the great ninety-mile march to Peking.

The bombardment of the Chinese forts at Taku Harbor disturbed the Gulf so that the water looked like mud for many miles out from shore.

From distances of more than thirty miles down the Peiho River the bodies of dead Chinese were floating out into the sea. The stench arising from the burning ruins of villages full of dead bodies made life almost unbearable; and through it all we slowly traveled toward Tientsin to the General Hospital. There, on Taku Road, the British soldiers put up an apparatus to boil and filter the drinking water, then selling it to the soldiers. In the United States Hospital small hand-filters were used. After the water had been boiled and filtered, it was placed in large

granite buckets. These buckets were then surrounded by lake ice to cool the water before drinking. This lake ice was found in large cellars in China and was impure, therefore could not be put into the water. From various cities the United States soldiers came to this General Hospital to be cared for as they dropped out of line of duty, by shell or shot or from exhaustion. The patients were put on flat river boats and the Chinese coolies dragged these boats down the river. At one time we averaged more than two hundred patients a day (exhausted).

One day an unconscious patient was carried into my ward in a very feeble condition, with a temperature (by axilla) of 106 degrees, and the pulse 140 beats per minute; face very red, breathing very rapidly, bad breath. He was promptly placed in a cool pack, ice cap to head and abdomen, and his pulse was toned up with heart stimulants, as per surgeon's order.

The patient had been taken suddenly ill while marching, and fell into a stupor, with symptoms of exhaustion from the August heat.

For six hours of faithful work we could see no sign of improvement, when suddenly the patient gave signs of retching, nausea, and then vomited.

In the vomitus were found worms, about nine, all in a mass, as if tied or knotted together in the middle, some nine inches long, some shorter, commonly called "pin worms," often found in impure drinking water, causing symptoms of gastrointestinal irritation. After vomiting, the patient sat up, looked around, and said: "I am hungry."

When the temperature and pulse were taken, both were normal.

The patient was somewhat exhausted, otherwise in good condition. He was placed upon a liquid diet for that day.

The next day, early, he was given the Santonin and Calomel treatment, with good results. For several days after these parasites were found in the defecations. In a few more days the patient was well and reported for duty. After this experience, while on duty in the East, especially in the Philippine Islands, we often cared for patients suffering from worms.

IDA D. LIPPERT.



GRADUATING CLASS, 1910, HEBREW HOSPITAL, BALTIMORE, MD.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Maryland.

Graduating exercises of the Training School for Nurses of the Hebrew Hospital, Baltimore, Md., were held in the vestry rooms of Madison Avenue Temple.

Six young women received their diplomas. They were: Misses Nancy Alderson Harding, of Virginia; Mary Victor Hinder, Rena McCaig, Lillian Emma Raither, Sadie Carolyn Stewart, of Maryland, and Anna Louise Ligorie, of Connecticut.

The exercises were opened with prayer by Rev. Dr. William Rosenau, followed by an address on "The Training School" by Dr. Jose L. Hirsh, who spoke of the great decreases in the mortality of the country since the institution of schools where young women are taught to care for the sick. Especially is this true, he said, in the battle with the white plague.

The graduates received their diplomas from Dr. Harry Adler. The address to the graduates was delivered by Dr. L. Ernest Neale, of the University of Maryland.

Vocal and instrumental selections were rendered. Miss Martha W. Row sang, and Miss Fredericka Perlman played the violin. They were accompanied on the piano by Miss Sadie Pearlman. The graduates, with the speakers, were seated on the platform, which was decorated with palms, ferns and orchids. Each nurse carried a large bouquet of daisies tied with the class colors, and wore a white uniform. At night a reception was held at Lehman's Hall, followed by a dance to the graduating class.

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Pennsylvania.

The Seventh Annual Commencement of the Mercy Hospital Training School for Nurses, Wilkes-Barre, Pa., was held Tuesday evening, May 24th, in St. Mary's High School Auditorium. The speaker of the evening was Hon. George S. Ferris. The prizes were awarded by Dr. F. P. Lenahan, and the diplomas were

conferred by Mr. E. W. Mulligan. Miss Florence McHale, president of the Nurses' Alumnae, presented the class pin. Musical selections, both vocal and instrumental, added to the enjoyment of the evening. The following comprised the graduating class: Mary Celestine Shields, Margaret Isadore Gill, Ellen Marie Higgins, Anna Pearl Smith, Mildred Elizabeth Bakaitis, Catharine Celestine McDermott, Catharine Hilda McAvoy, Rose Marie Ruff, Mary Florence Desmond, Adeline Mercedes Bonomo, Anna Frances Finn, Anna Agnes Kierns, Marie Catharine Boyle, Bernardine Marie Williams and Hannah Loretto McTague.

The class motto is, "Wisdom, Charity, Prudence."

The graduating exercises of the St. Agnes's Hospital Training School for Nurses were held in the Study Hall of the institution May 12, 1910. There were six nurses who received their diplomas. Dr. B. F. Stahl conferred the diplomas and Sister M. Borromeo, Superioress of the hospital, presented the medals. Drs. Leon Brinkmann and D. J. McCarthy delivered addresses to the class.

The graduates are: Sister M. Augustine, Louise E. Scheid, Anna M. Sullivan, Pearl L. D. Helben, Emma C. Brunner, Petronella M. Fanning.

The graduating exercises of Wilkes-Barre City Hospital Training School for Nurses were held at the Y. M. C. A. Auditorium May 27, at 8 o'clock. The class, which numbered eighteen members, and which was the largest in the history of the hospital, was composed as follows: Misses Olive E. Caste, Irene M. Carle, Gertrude L. Kistler, Anna Thomas, Mary L. Thomas, Mary Carrigan, Anna R. Evans, Isabelle G. Cairns, Edna R. Custer, Myrtle E. Gruver, Hilda G. Mann, Helen M. Search, Elizabeth M. Williams, Laura W. Dersheimer, Ethel E. Driesbach,



GRADUATING CLASS, 1910, MERCY HOSPITAL, WILKES-BARRE, PA.

Mary Keating, Mary E. Manhart, Martha Siley.

A reception at the Nurses' Home followed the exercises.

The Pennsylvania State Board of Examiners for the Registration of Nurses has granted registration to 345 additional nurses. The list, as below appended, illustrates the very general interest which is taken in this movement.

The list shows the following:

Allentown, 5; Danville, 5; Erie, 12; Harrisburg, 8; Johnstown, 8; Meadville, 7; Philadelphia, 120; Pittsburg, 39; Scranton, 15; Uniontown, 5; Wilkesburg, 8; Wilkes-Barre, 9; outside of Pennsylvania, 22.

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Spanish-American War Nurses.

The Eleventh Annual Convention of the Spanish-American War Nurses will be held at Atlantic City, N. J., September 20, 21, 22, 1910, with headquarters, Hotel Chalfonte. The following program and announcements have been sent to members:

Tuesday, September 20.

8 P. M.—Hotel Chalfonte Assembly Room.—Signing the Roster; the President's Address; Minutes of Last Meeting; Informal Reception.

Wednesday, September 21.

Morning—Sight Seeing; Atlantic City Beautiful. 3 P. M.—Business Meeting.

Thursday, September 22.

10 A. M.—New Business. 3 P. M.—Election of Officers; Selection of Next Place of Meeting.

The dates, September 20, 21, 22, have been chosen to enable the Spanish-American War Nurses members to take advantage of the reduced railway rates to the G. A. R. Encampment, which is to be held in Atlantic City at this time. Consult your local ticket agents for details regarding stop-over privileges.

Hotel rates are as follows: Chalfonte, American plan, one room, one person, \$3.50 to \$4.00 per day; one room, two persons, \$6 to \$8 per day. Assembly room free.

Phillips House, American plan, near Chalfonte, \$2.50 and up per day.

New Clarion, American plan, six squares south of Chalfonte, \$2.00 and up per day.

The above hotels will not be overcrowded,

but early reservations should be made through the Recording Secretary, Mrs. Harry Epps, Benning, D. C.

All will be heartily welcomed to this beautiful city by the sea, where we hope to have a large and interesting meeting.

MRS. GEO. LOUNSBERY, R. N.,
MRS. HARRY EPPS, President.
Recording Secretary.

Kindly report changes of address promptly to the Corresponding Secretary, Miss M. I. Harroun, 1711 Cherry street, Toledo, Ohio.

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Massachusetts.

AN ACT

TO PROVIDE FOR THE REGISTRATION OF NURSES.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same as follows:

SECTION I. Within sixty days after the passage of this act, the Governor, with the advice and consent of the Council, shall appoint a Board of Registration in Nursing, to be constituted as follows: three members of said board shall be nurses holding diplomas from different training-schools for nurses, giving at least a two years' course in the theory and practice of nursing in a hospital, and who shall have had eight years' experience in nursing the sick; one member shall be a physician who is a superintendent of a hospital having a training-school for nurses, and the remaining member shall be the Secretary of the State Board of Registration in Medicine. Said board shall be appointed as follows: one member for one year, one for two years, one for three years, one for four years, and one for five years, from the first day of October, nineteen hundred and ten, and until their respective successors are appointed; and thereafter the Governor, with the advice and consent of the Council, shall, before the first day of October of each year, appoint in the manner aforesaid one person qualified as aforesaid to hold office for five years from the first day of October next ensuing. Vacancies in said board shall be filled in accordance with the provisions of this act for the appointment of the original board, and a person appointed to fill a vacancy shall hold office during the unexpired term of the member whose place he or she fills. Any member of said board may be removed from office for

cause by the Governor, with the advice and consent of the Council.

SECTION II. The members of said board shall meet at the office of the State Board of Registration in Medicine on the second Tuesday of October, nineteen hundred and ten, and annually thereafter, and shall immediately proceed to organize by electing a chairman, who shall hold office for the term of one year. The Secretary of the State Board of Registration in Medicine shall be Secretary of the Board of Registration in Nursing, and shall receive as compensation therefor such sums as may be determined by the Governor and Council, to be paid from fees received hereunder. The said board shall hold four regular meetings in each year: one on the second Tuesday of January, one on the second Tuesday of April, one on the second Tuesday of July, and one on the second Tuesday of October, at the office of the State Board of Registration in Medicine, and additional meetings at such times and places as it may determine.

SECTION III. It shall be the duty of said board, immediately upon its organization, to notify all persons engaged in the practice of nursing the sick in this Commonwealth of the times, places and subjects of the examinations for registration, by publication in one or more newspapers in each county. Application for registration shall be made upon blanks to be furnished by the board, and shall be signed and sworn to by the applicants. Each applicant for registration who shall furnish satisfactory proof that he or she is at least twenty-one years of age, and of good moral character, shall, upon payment of a fee of five dollars, be examined by the said board; and upon such examination, if the applicant shall be found qualified, he or she shall be registered, with a right to use the title Registered Nurse, and shall receive a certificate thereof from the board signed by the Chairman and Secretary. An applicant who fails to pass an examination satisfactory to the board, and is therefore refused registration, shall be entitled, within one year after such refusal, to a re-examination at a meeting of the board called for the examination of applicants, without the payment of an additional fee. Said board, after hearing, may, by vote of a majority of its members, revoke any certificate issued by it, and cancel the registra-

tion of any nurse who has been guilty of any felony or of any crime or misdemeanor in practice of his or her profession. All fees received by the board shall once in each month be paid by its Secretary into the treasury of the Commonwealth.

SECTION IV. Examinations shall be in part in writing in the English language and in part in practical work, and shall include the principles and methods of nursing. Due credit shall be given for examinations in special branches.

SECTION V. Any resident of this Commonwealth who shall make application for registration within one year from the passage of this act, and who shall show to the satisfaction of the board, by affidavit or otherwise, that he or she has actually engaged for five years next prior to the date of application in nursing the sick in a competent manner, or to have had such experience in hospital or training-school as in the opinion of the board to justify registration, shall be registered without examination on the payment of a fee of five dollars.

SECTION VI. The board shall have power to register in like manner, without examination, any person who has been registered as a professional nurse in another State under laws which in the opinion of the board maintain a standard substantially similar to that of this act.

SECTION VII. Each member of the board, except the Secretary, shall receive five dollars for every day actually spent in the performance of his or her duties, and the necessary travelling expenses actually expended in attending the meetings of the board, not exceeding three cents a mile each way. Such compensation and the incidental and travelling expenses shall be approved by the board and paid by the Commonwealth only from the fees paid over by the board.

SECTION VIII. The board shall investigate all complaints of the violations of the provisions of this act, and report the same to the proper prosecuting officers.

SECTION IX. The board shall keep a record of the names of all persons registered hereunder, and of all money received and disbursed by it, and a duplicate thereof shall be open to inspection in the office of the Secretary of the Commonwealth. Said board shall annually, on or before the first day of Janu-

ary, make a report to the Governor of the condition of professional nursing in this Commonwealth, of all its official acts during the preceding year, and of its receipts and disbursements.

SECTION X. Whoever, not being lawfully authorized to practise as a registered nurse within this Commonwealth, does practise or does attempt to practise as a registered nurse, or does use the abbreviation R.N., or any other words, letters, or figures to indicate that the person using the same is such a registered nurse, shall for each offense be punished by a fine of not more than one hundred dollars. Whoever becomes registered, or attempts to become registered, or whoever practises or attempts to practise, as a registered nurse under a false or assumed name, shall for each offense be punished by a fine of not less than one hundred nor more than five hundred dollars, or by imprisonment for three months, or by both such fine and imprisonment.

SECTION XI. The provisions of this act shall not be held to apply to gratuitous nursing of the sick by friends, or members of the family, or to the acts of any person nursing the sick for hire who does not assume to be a registered nurse.

SECTION XII. The board may make such rules and regulations with reference to procedure hereunder as they may deem wise; not, however, inconsistent with the terms hereof, or the laws of the Commonwealth.

SECTION XIII. For the purpose of the appointment of said board and of the registration of persons by it hereunder, this act shall take effect upon its passage, and shall take full effect on the first day of October in the year nineteen hundred and ten.

Exercises in celebration of the twenty-fifth anniversary of the founding of the Waltham Training School for Nurses were held in Waltham on May 25, 1910. During the forenoon the School, the Waltham Hospital, and the Baby Hospital were thrown open to visitors, and there were many who took advantage of the opportunity. At noon lunch was served at the School, shortly after which Dr. Worcester addressed the graduates at a special meeting called at the Cutler House. At three the more formal exercises were held in the church across Main street from the School, after which tea was served in the

vestry, the plans for having tea upon the lawn being given up on account of the dubious character of the weather. In the evening a large reception was held in Maynard Hall, followed by dancing from nine until twelve. Notices of the celebration had been sent to all graduates, and as many as possible attended, some coming from considerable distances. All agreed that it was most enjoyable and inspiring.

At the afternoon exercises Dr. Worcester first gave a short reminiscent talk, telling how an illness of their first student nurse led to the choice of their first superintendent, her sister, Miss Hackett; speaking of the praise accorded Waltham nurses by Dr. Cowles as early as 1890, of his visit to Florence Nightingale five years later, when she advised the sending of nurses into families; of the choice of Miss Macleod to start the Victorian Order of Nurses in Canada on account of the training in district work then given practically only in Waltham; of the new school building, and of the Putnam Home. He then introduced President Lefavour, of Simmons College, who gave his hearty congratulations, and, after a short talk on the economic position of woman and the importance of nursing, paid a warm tribute to Dr. Worcester. Miss Hackett, now Deaconess Hackett, spoke a few words of the early days of the school and the problems then encountered, of the helpfulness of Miss Adams and the other lady trustees, and paid a high tribute to Dr. Worcester. Miss Macleod, the second superintendent, also spoke briefly of the institution, of the preliminary course and of the tea given in the old school building to the people of Waltham that led to the recognition of the need of a new building and to the filling of the need.

President Briggs, of Radcliffe College, gave a splendid address. He began by saying: "Some things commonly done by men, women are telling us that they can do as well, but I have yet to meet the woman who maintains that men can do well the things commonly done by women." Later he said: "Granted that most nurses must be women, what kind of women shall they be? The best in the world. Those who love greatly. No woman is too good for a life that saves lives and comforts living and wipes away all tears from the eyes." And again: "They say it takes a lady to trim lamps. It takes a lady to

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see in sickening details the path to that ideal which elevates drudgery, that inspiration like His who washed the disciples' feet."

Finally Dr. Palmer, of South Framingham, spoke on the inspiration derived by his school from Waltham, giving high praise to the Waltham methods of training and foretelling that Dr. Worcester would go down in history as the father of the new method of training.

In closing, Dr. Worcester expressed regret that Dr. McCormack, at whose house the scheme of starting a training school was first proposed, was unable to be present on account of the very serious illness of his eldest son. He also spoke a few words in acknowledgment of Miss Ann D. Adams's great services to the school, and ended with a brief tribute to Mrs. Worcester.

At Quincy, in the Women's Club House, there was held, on June 15, a council of women's clubs who were employing district nurses.

Dr. Middleton gave a short paper on the value of the nurse there, and needed additions to the work, as seen by the physician. Mrs. Fisher, of Norwood, where the work is quite successful, gave an interesting talk, also two others of her club.

Miss Robinson, the district nurse of Quincy, spoke pleasingly.

Mrs. Williams, chairman of the Health Department of General Federation of Woman's Clubs, gave an account of the tuberculosis work of the State.

Miss Prue, Birthelmstone Club nurse, of Brighton, Mass., gave an account of work there.

Nine towns were represented in the general discussion following. Refreshments were served.

The Governor of Massachusetts has appointed the following persons to act on the new Board of Registration of Nurses: Mary M. Riddle, of Newton, four-year-term; Lucia Jaquith, of Worcester, three-year-term; Mary E. Shields, of Boston, two-year term; George T. Tuttle, M. D., of Boston, one-year term, and Edwin B. Harvey, secretary of the Board of Registration in Medicine.

For some time, the City Hospital at Worcester, Mass., has been experimenting with the question of educating male nurses, with the

hope in time of abolishing the custom of employing orderlies. It is interesting to know that after a trial period extending over many months the training school committee recommends continuing the work of training male nurses—this not from any idea of economy, because the monthly rate of payment to male nurses is about equal to that paid to orderlies—but because more efficient care to the sick is thereby secured. Inasmuch as the field for men nurses after graduation is much narrower than for women nurses, and the experience also that can be provided them more limited, a two-year course has been arranged. A graduate male nurse is to be employed to instruct the men pupil nurses along certain clinical lines, while the greater part of the foundation work for the first year will be taken in regular classes. The solution of the perplexing orderly question lies in education, and there is no question about the wisdom of the decision arrived at in the case cited. The difficulty which has led some hospitals to abandon the attempt has been that of securing enough suitable men to train, but this difficulty can be overcome by paying a more attractive monthly allowance and by giving greater publicity to the facilities for training men that the hospital offers. It is true that a large number of the men who have been trained as nurses have not practised nursing many years. Many of them have become physicians, and they are surely the better physicians for their practical experience and training as nurses. In any case, the sick in the hospital have received better care at their hands than without them, the public has been benefited, and the young man is surely the better for the training and experience he has received.

REPORT CONTINUED.*

Dr. Patch: Mr. Chairman, this question, like most of the others, seems to be one that is rather too big to be answered off hand. In the first place, the beginning of the question rather puzzled me. Is the domestic nurse a necessity? What is the domestic nurse? Is she a domestic or a nurse? I don't know what the asker of the question had in mind, but I suppose he meant some sort

*Continuation of the report of the tenth semi-annual meeting of the New England Association for the Education of Nurses, the subject under discussion being the training school report of the Hospital Association.

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of an attendant. Of course we all understand that there is a great need for attendants, for nurse helpers of some sort, who can be had by poor families, or families in moderate circumstances, and who can do some sort of efficient service. I don't feel at all sure yet how that demand is going to be met. I do think that in a large measure the nursing side of the demand might be met by further extension of undergraduate service. I have always felt that to be a great field as yet practically untouched, the sending out of nurses during the last year of their school work at prices that people in moderate circumstances could afford to pay. The quality of the service would be far in advance of any ordinary untrained service that can be had at present, or that we can expect to get. On the other hand, it would go a long distance toward filling some of the needs that Dr. Worcester has spoken of, that is, in giving the pupil an opportunity to go into the homes of people and learn more fully than they usually can in any other way what social service is. This is a very real experience which nurses should have. Nurses who have had this element in training are always better equipped than those who are trained solely in the wards of great hospitals. But when we come to think of the training of attendants, there are some very serious questions, that is, if we are to speak of the training of attendants in separate schools; it brings up a whole new set of questions as to just what the training shall be, what salary they shall be expected to get and so on.

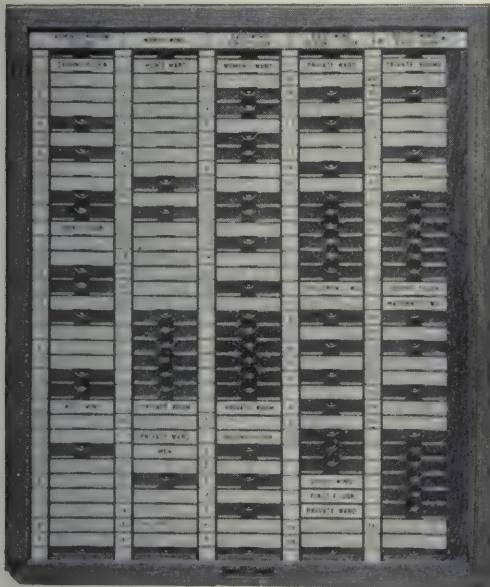
Then again, how can such a nurse be kept in the sphere in which she belongs? She cannot be; it is utterly impossible. Any nurse who goes out with the understanding that she is going to have \$7 a week will, in the course of time, demand more than that; it won't be more than a year or two before she is getting \$10, \$12 or \$15 a week. And yet she has had practically no training as a nurse. I question if the plan of training attendants can be made a success largely for these reasons. At present we have a number of registries that send out attendants, but the service is most unsatisfactory; the majority of those nurses have failed, for one reason or another, in training schools. They have gone into the schools, taken a few months, and been turned down; they then go into the registries and register as untrained

nurses, and receive anywhere from \$5 to \$15 a week; but my experience with such nurses has been unfortunate, and I think the experience of most of us would be similar. They are not efficient nurses; they have personal disabilities or something, as a rule, that unfits them for good nursing service; and I feel sure that the training of attendants would be followed by a long list of similar difficulties.

And then, too, because people are poor does not signify that they want poor service, or that they should be given poor service. In the majority of instances they need the very best service; that is, they need nurses who not only have had a good deal of training, but who have the qualities of mind and heart that make it possible for them to enter into the lives of these people and see what they need, and do as good work as if they were getting \$25 or \$30 a week. So it seems to me if the schools of to-day could be augmented, if they could have a larger number of pupils, if further inducements could be made for a good class of women to enter the service, and a certain proportion of them could be used, particularly in the cities, in undergraduate work outside, the service that could be given to the community would be almost unlimited. Of course that means an endowment for the school, but why should not nursing schools, as well as other schools, be endowed? They need it; the opportunity is here, and there is a constant demand on the part of the public for the work these women can do. Now, if this can be made prominent enough so that those who have the means to endow such schools can be brought to see the necessity, I believe that the work can be accomplished; but, of course, it can only be accomplished through constant agitation and through the working toward some definite aim.

Now, this report, for instance, is a definite report, and to my mind it is one of the best things that has ever been put forth. We should certainly from this be able to define what a training school is, what constitutes a training school for nurses.

Schools, as well as nurses, should be registered. It is important that we know where pupils graduate, what sort of service and opportunities they have had. Perhaps in the course of a few years the whole thing may become systematized to such an extent that



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The graduating exercises of the Danvers Hospital Training School were held June 27. The feature of the program was the address to the graduates by the retiring superintendent, Dr. Charles W. Page, who spoke on the newer and more humane methods in the care of the insane. Brief remarks were made by Dr. Henry M. Swift, and the valedictory was given by Miss Lillian E. Scott. Mr. S. Herbert Wilkins, chairman of the Board of Trustees, presented diplomas to the following young women: Marie Iverson, Mary Lillian Kerans, Vinora McClure, Minerva Pamela Paquet, Lillian Ethel Scott.



Changes in Navy Nurse Corps.

APPOINTMENTS:

Maude L. McKennie, graduate of the Brooklyn Hospital Training School; Tella B. Erwin, Lakeside Hospital, Cleveland, Ohio; Mary R. Gillette, University Hospital, Philadelphia, Pa.; Lily E. White, St. Vincent's Hospital, Norfolk, Va.; Ruth R. Kuhn, University of Maryland Hospital, Baltimore, Md.

TRANSFERS:

From the Naval Hospital, Norfolk, Va., Thomasina B. Small, to the Naval Hospital, Mare Island, California, and Mary C. Nelson, to the Naval Hospital, Brooklyn, N. Y. From the Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Norfolk, Va., Sara M. Cox and Sara B. Myer.

ESTHER V. HASSON.



Changes in Army Nurse Corps.

APPOINTMENTS:

Joan R. Annand, graduate of Watertown City Hospital, Watertown, N. Y.; Minnie E. Kuehl, Grace Hospital, Boston, Mass., post-graduate of Bellevue Hospital, New York City; Etta M. Staub, Episcopal Hospital, Philadelphia, Pa.

REAPPOINTMENT:

Mary E. Nagle, Erie County Hospital, Buffalo, N. Y.

DISCHARGES:

E. Marie McGinty, June 9, 1910; Maude A.

MacLellan, June 15, 1910; Alice G. Mahoney, June 17, 1910; Frances M. Steel, June 21, 1910, Bessie C. Osbaugh, June 19, 1910.

TRANSFERS:

From General Hospital, San Francisco, to Ft. Bayard, New Mexico, Victoria E. Armstrong, Leonora Bricker, Mary C. Jorgensen and Mrs. M. Virginia Himes. From General Hospital, Ft. Bayard, to San Francisco, California, Josephine Anslyn, Louise Rohlfis and Emma Woods. From San Francisco to Philippine Division, on Logan, June 6, 1910, Dollie Ann Bowzer and Mrs. Adjie H. Chapman.

JANE A. DELANO,

Superintendent Army Nurse Corps.



New York.

The Frederick Ferris Thompson Hospital, of Canandaigua, was the scene June 8th of a large gathering of people, including physicians, county officials and invited friends of the members of the first class of graduates of the Hospital Training School. The exercises were interesting and appropriate.

After prayer by the Rev. Livingston L. Taylor, the Hon. Robert F. Thompson made an address in which he exalted womanhood and motherhood.

The address to the graduating class was delivered by Dr. John H. Jewett, chairman of the Executive Committee of the hospital.

Rev. Rogers Israel, D. D., of Scranton, Pa., was the next speaker.

After paying tribute to the Memorial Hospital and to the devoted and able work of the superintendent, Miss Kraemer, he addressed a few earnest words to the members of the graduating class, dwelling particularly upon the duty of faithfulness. He then gave them the impressive pledge with which they enter upon their work.

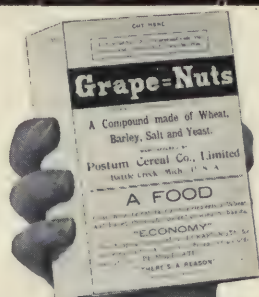
Diplomas and pins were presented to the members of the class, with brief but appropriate words, by Mr. Edward G. Hayes, president of the Board of Directors of the hospital, and Dr. Israel pronounced the benediction.

A delightful feature of the exercises were several selections of music rendered by the Ludwig Schenck Orchestra, of Rochester.

The class thus graduated was made up of the following named young women: Margaret F. Bradley, of Scranton, Pa.; Caroline E. Nicholson, of Chapin; Mary G. Savage, of

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Seneca Falls; Edna N. Hicks, of Phelps, and Grace L. Stoek, of Washington, D. C.

The Alumnae Association of the School of Medical Gymnastics and Massage, New York City, had its closing meeting for the season in June. The meeting was large, and a beautiful alumnae pin was selected. The graduates are conducting the hospital and school clinics during the Summer months.

The Fall class opens September 6.

The members of Camp Roosevelt were entertained on the afternoon of Thursday, July 7, at the home of Miss Edith Abrams, 115 West One Hundred and Twenty-seventh street. After the regular business meeting a social hour was spent and refreshments served by Mrs. Abrams in her always charming, hospitable way. The next meeting will be held on August 4 at 596 Lexington avenue, notices of which will be sent out. All S. A. W. nurses are cordially invited to be present.

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Vermont.

The annual meeting of the Fanny Allen Graduate Nurses' Association was held at the hospital in Winooski, Vermont, on Tuesday, June 14.

The meeting was called to order by the president, Sister McDonald, and the usual routine business transacted. The reports of the secretary and treasurer were read and accepted, and showed the association to be in a flourishing condition.

Dr. Lyman Allen, secretary of the hospital, gave a very interesting and instructive talk "On the duties of the nurse in private work."

Unity was the subject treated briefly by Sister McDonald, the president of 1909-1910.

The election of officers followed, and Miss Margaret Connors, Class of 1903, was chosen president; Miss Anna Kingston, 1905, vice-president; Mrs. Rose A. Lawler, 1907, secretary (re-elected), and Rev. Mother Steere, the Superior of the hospital, treasurer.

Miss Blanche Parker, in a graceful little speech conveying the love and good wishes of the association, presented a large bunch of flowers to the retiring president, Sister McDonald, and the secretary, Sister M. Collins.

A social hour followed and a most beautifully prepared luncheon was served by Miss Sarah T. Whitmarch, Miss Alice Flynn, Miss Alberta Thomas and Miss Gertrude Donovan.

The meeting adjourned, with expressions of enjoyment and good will from all present, to meet in 1911.

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The Graduate Nurses of the Fanny Allen Hospital, in Winooski, Vermont, met at the home of Mrs. O. P. Joly, No. 18 Asit Place, and showered Miss Anna Kingston, a most popular young nurse, with a number of really beautiful gifts in honor of her approaching marriage with Doctor Leo Larner, of Hinesburgh, Vermont. The band then took possession of the bride-to-be and escorted her to Dorn's Cafe, and Miss Kingston will remember for many years not only the banquet spread out for her enjoyment, but the heartfelt toasts for her future happiness and welfare, and as a further reminder the nurses will present her with a flashlight picture of the merry group. Miss Kingston is a graduate of the Fanny Allen Hospital Class of 1906. Dr. Larner is a graduate of the University of Vermont.

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Connecticut.

The Graduate Nurses Association of Connecticut held its seventh annual meeting at Wright Hall, Hartford, on May 4. The meeting was called to order by Miss M. J. Wilkinson, president, at 3 p. m., after which the reports of the secretary and treasurer were read and accepted. The report of the chairman of the Membership Committee showed great activity on the part of this committee, a large number of new members having joined the association during the year.

After the president's address the following officers were elected for the ensuing year: President, Miss M. J. Wilkinson, Hartford; First Vice-President, Mrs. I. A. Wilcox, Pine Meadows; Second Vice-President, Miss E. A. Somers, Waterbury; Secretary, Mrs. Winifred Ahn Hart, Bridgeport; Treasurer, Miss Marcella T. Heavren, New Haven; chairmen of the standing committees: Ways and Means, Miss R. I. Albaugh, Pleasant Valley; Printing, Miss Fitzgerald, Hartford; Membership, Miss A. H. McCormac, Hartford; Legislative, Mrs. E. B. Lockwood, Granby.

Following the introduction of the new officers to the members, the meeting was adjourned, and at 6 p. m. the first annual dinner was held, twenty-seven members being present, every one voting the affair a great success.

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Red Cross.

At a meeting of the New York State Committee on Red-Cross Nursing Service, held at the Central Club for Nurses, 54 East Thirty-fourth street, June 21, the following nurses were appointed members of the Manhattan local committee: Mrs. E. G. H. Schenck, chairman; Mrs. C. V. Iwiss, Miss A. Charlton, Miss Elsie Patterson, Mrs. F. Brockway, Miss A. Ward, Miss Blackman and Miss Rose Johnson, secretary.

The following nurses have been appointed members of the Brooklyn local committee: Miss E. Dewey, chairman; Mrs. M. L. Rogers, Mrs. E. Ward, Mrs. A. Henricksen, Miss Bertha Cooper, Miss M. O'Donnell, Miss Horrocks, Miss Wall, Mrs. C. G. Stevenson and Miss Anna Davids, secretary.

The Brooklyn local committee will have charge of all enrollments and Red Cross work on Long Island. The Manhattan committee will attend to all other enrollments and work throughout the State until the up-State committees are appointed.

Miss Rye Morley has been obliged to resign from the State Red Cross Committee owing to ill health, and Miss Kate I. Kennedy, of Buffalo, has been appointed in her place.

The New York State Committee on Red Cross Nursing Service recommend all alumnae societies to appoint standing Red Cross committees to keep in touch with Red Cross work and to secure the enrollment of their members in the Red Cross.

At the last meeting of the State Red Cross Committee the secretary was authorized to write to the National Committee, Washington, for instructions as to the desirability of undertaking medical emergency work during parades and large public meetings.

**Personal.**

Miss Inez C. Lord, of the Lowell (Mass.) General Hospital, has been appointed superintendent of nurses at the Rhode Island Hospital, Providence, R. I. Her term of office begins September 15.

Mrs. Maude Horner has resigned her position as superintendent of the Woman's Hospital, Detroit. Miss Sydenham Melville, formerly assistant supervisor of nurses at Ann Arbor, Mich., and later assistant superinten-

dent at Columbia Hospital for Women, Washington, D. C., has been appointed to fill the vacancy. She assumed her new responsibilities June 1.

Miss Robina Stewart, superintendent of nurses in Allegheny General Hospital, Pittsburgh, Pa., has been selected as successor to Miss Snively as superintendent of the training school of the Toronto General Hospital. Miss Stewart is a Canadian, her home being in Guelph, and she is a graduate of the Johns Hopkins Hospital Training School for Nurses, where she served for some years in charge of the private wards.

Miss Clara D. Noyes, superintendent of St. Luke's Hospital for the past nine years, has resigned to take the superintendency of the training school for nurses of Bellevue and allied hospitals of New York City.

Miss Mary A. Samuel has resigned her position as superintendent of Roosevelt Hospital, New York City.

Miss Pauline L. Dolliver has been appointed registrar of the Central Registry of New York City.

Miss Anna L. Alline has been appointed superintendent of the Homeopathic Hospital, Buffalo.

Miss Lavinia L. Dock has announced her intention of putting aside everything but her journal and council work and devoting all her efforts to securing votes for women. Miss Dock believes this to be the only way to defeat the arch-enemy, man.

Miss Mary C. Wheeler who for the past eleven years has served as superintendent of Blessing Hospital, Quincy, Ill., has tendered her resignation to take effect June 1.

It has been said of Miss Wheeler that she has been an inspiration to her nurses as well as an instructor and has set them an example that they will never forget. Her executive ability, her remarkable energy and untiring industry, her close attention to details, and her warm, sympathetic nature have been felt in every department of the hospital, and the

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42 SULLIVAN ST., New York City

When you write Advertisers, please mention THE TRAINED NURSE.

patients as well as the doctors, nurses and servants have realized the personal charm and rare influence of this capable woman, who has become so closely identified with Blessing Hospital that the Board of Managers are loath to have her go.

Miss Lillian M. Rose, of Farmland, Ind., had been selected as successor to Mrs. Lillian Edgerly as superintendent of the hospital and training school at the State Soldiers' home, Lafayette, Ind.

Miss Pearl Sturm has been appointed head nurse at the Logan Hospital, Logan, West Virginia.

The Macon City Hospital is to have a new superintendent of nurses in the person of Miss Moran, of Philadelphia, who has been elected to that position. Miss Moran comes from the Philadelphia Hospital, where she has held the position of head of the operating room.

Miss Mary E. Gompper, graduate of the South Milwaukee Hospital, South Milwaukee, has accepted the position of head nurse of the Grand Forks County Hospital, Arville, N. D.

Miss A. F. Pehrson, graduate 1908, Washington Park Hospital, Chicago, is now head nurse at Mercy Hospital, Kansas City, Mo.

Miss Bessie L. Dickson, graduate '05, Chicago Policlinic Hospital, Chicago, has accepted the position of head nurse of the Fannie C. Paddock Memorial Hospital, Tacoma, Wash.

Miss Clara L. Gross, graduate of Luth Hospital, St. Louis, Mo., has accepted the position of superintendent of nurses of the Fairmont City Hospital, Fairmont, Va.

Miss Norma Courts, graduate 1909, of Mary Thompson Hospital, Chicago, has accepted a position at the Chicago Home of the Friendless.

Resolutions.

At the last meeting of the Alumnae Association of the Metropolitan Hospital Training

School, New York City, announcement was made of the death of Miss Cara J. Kenyon, of the class of 1899. A committee was appointed and prepared the following resolutions:

Whereas, It has pleased God in His all wise Providence to remove from our midst our beloved friend and co-worker,

Resolved, That we, the members of the Alumnae Association, have sustained in her death the loss of a valuable friend and loyal member, and that we tender her family our sincere sympathy.

Resolved, That a copy of these resolutions be sent to the family and to the nursing magazines.

KATHERINE A. DILLON, R.N.

HELENE D. BENGTSON, R.N.

Committee.

Died suddenly, at Trafford, Pa., June 8, 1910, Miss Martha McDeavitt, a graduate of the Columbia Hospital Training School for Nurses, Pittsburg, Pa., class of November, 1909.

Whereas, It has pleased Almighty God to remove from amongst us our beloved associate, Miss Martha McDeavitt, one of our most esteemed and useful members, one who was ever willing to help the work of the association, therefore, her loss will be deeply felt by its members. Therefore, be it

Resolved, That the members of the Alumnae Association of the Columbia Hospital Training School for Nurses tender to the relatives of our deceased member their heartfelt sympathy. Be it further

Resolved, That a copy of these resolutions be sent to her bereaved family, placed on the minutes of this association and published in the Trained Nurse.

LILLIE YOUNG, R.N.

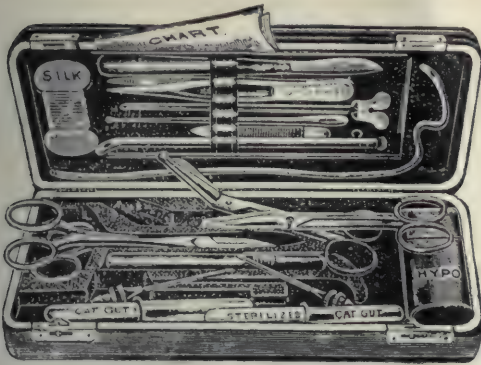
MARGARET E. GRAHAM, R.N.

MARY E. JONES, R.N.

+

Obituary.

The death of Miss Grace M. Norman at the Levering Hospital, Hannibal, Mo., March 31st, was the first fatality that has ever occurred to a nurse at that institution. Miss Norman underwent an operation for appendicitis recently, and while the conditions were favorable at first, there was a sudden change which resulted in her death.



The Presbyterian Hospital Nurses' Case

A Complete and Up-to-Date Outfit

Consisting of 1 hypodermic syringe, latest, all metal, with 2 needles and 4 vials for tablets, in aluminum case; 1 nail file, 1 scalpel, 1 dressing forceps, 1 grooved director, 2 probes, 1 female metal catheter, 2 saline infusion needles, 1 soft rubber catheter, 1 Woche's best thermometer, 1 5 1/2-inch angular bandage scissors, 1 4 1/2-inch scissors, 2 Jones haemostats, 2 tubes of sterilized catgut, 6 surgical needles, 1 card of silk and clinical notes, which are kept in compartment in rear of the instruments.

Special Price, \$10.00

Send for Catalogue 10 of Modern Goods.

Makers of the celebrated Automatic Baldwin Table.

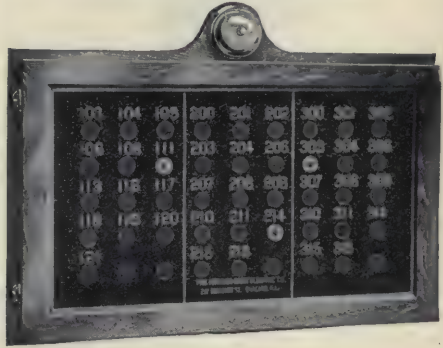
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"H-C" HOSPITAL SIGNALING SYSTEMS

We make a specialty of this class of apparatus, and will gladly furnish prices and specifications to those interested.



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ANTISEPTIC

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Acknowledged
Premier in the
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for Cases of Minor
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The Superior Dry
Dressing for Cuts,
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PHÉNIQUE CO.**

500 N. 2d St.,
ST. LOUIS, MO.

"Well, Well!"

I hear you perfectly now!"



I HEAR you anywhere in the room; why, I could not hear ordinary conversation one foot away. I have had the Acousticon now for nearly a year and it is all in all to me. Gold could not buy it if I could not get another."

So says a user of the Acousticon who has been extremely hard of hearing for years, and his experience is the same as that of thousands who are now using it—to them we have said as we now say to you: "Test the Acousticon and let us prove that it will make you hear distinctly and clearly, and

TRY IT AT OUR EXPENSE"

If you are not convenient to one of our many offices, we will lend you an Acousticon, and if you do not hear satisfactorily the trial will cost you nothing. **No trial fee, no penalty, if you do not hear.**

A very light and unnoticeable head-band is furnished with the ear-piece; its use makes it unnecessary to hold the ear-piece and leaves both hands perfectly free.

Ladies who use the Acousticon dress their hair so as to make the head-band and ear-piece invisible.

Over three hundred churches throughout the country have installed the Acousticon for their members who are hard of hearing.

It is the original electrical hearing device, fully protected by U. S. patents, and you can not secure anything as efficient under another name.

Write for particulars of the Free Test, Booklet, etc., to

The General Acoustic Co.

885 Browning Building, Broadway and 32nd St.
NEW YORK.

New Remedies and Appliances

Sample Just Fine!

Canton, Ohio, Jan. 6th, 1910.

Messrs. Ogden & Shimer.

Gentlemen—Please send me one box Mystic Cream. Sample just fine. Yours truly,

C. M. WERNET.

+

Chocolate Glace.

After making a glace frosting, dissolve one ounce of Walter Baker & Co.'s Premium No. 1 Chocolate in a cup, and put it with the frosting, adding also a tablespoonful of boiling water.

+

In Seasickness.

Listerine is very useful in the treatment of mal de mer. External applications of listerine, diluted with water, together with its inhalation from a handkerchief, will often relieve a nervous headache.

+

Prefers Glyco-Thymoline.

When intestinal antiseptics are indicated I prefer Glyco-Thymoline to anything I have ever used. I carry it in my case always and prescribe it with confidence.

A. C. BROWN, M. D.

St. Louis, Mo.

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An Ideal Ointment Base.

As an ointment base with which to incorporate any active drug or preparation, no more desirable compound can be found than Unguentine, since it is non-irritating and never becomes rancid and, at the same time, possesses sufficient astringent qualities to facilitate rapid healing.

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Evacuant or Deobstruent Treatment.

"The frequency with which cathartics or laxatives are required shows that there is indeed a broad field for the use of prunoids. Wherever evacuant or deobstruent treatment or even the more far-reaching effects of thorough elimination are indicated, this eligible pharmaceutical product will give uniform satisfaction to both patient and practitioner."

When a Tonic Is Needed.

When a tonic is needed, there is none that will give more certain or uniform satisfaction than Gray's Glycerine Tonic Comp. For seventeen years it has been serving the profession, and the esteem in which it is held to-day bears eloquent witness to its unvarying quality and efficiency.

+

Ergoapiol (Smith).

For irregular menstruation, amenorrhea, dysmenorrhea, etc., this product has worked a revolution in the treatment of this class of diseases. Despite the fact that it contains neither narcotics, opiates nor analgesics, it possesses remarkable properties for the relief of pain.

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Please Send More!

I am prescribing Resinol Ointment in many cases of skin diseases, also for scalds and burns. Since finding out its usefulness in itching cutaneous troubles, I could not get along without it. Kindly send me more samples of both soap and ointment.

S. S. DARILL, M. D.

Spartanburg, S. C.

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Sal Laxa (Sharp & Dohme.)

Since Sal Laxa produces watery movements of the bowels and also increases the flow of urine, it is applicable in dropsy due to liver or kidney diseases and in obesity.

The metal cap that covers the cork protects the product. One teaspoonful contains about 90 grains of the effervescent salt. The adult dose ranges from one to four teaspoonfuls (90 to about 360 grains).

+

Arrow Brand Linseed Oil Soap.

It is the only cleaner that should ever be used on linoleum and oilcloth. Linseed oil is one of the principal ingredients of linoleum and oilcloth, and when ordinary soap, made from animal fat and containing an excess amount of alkali, is used the alkali attacks the linseed oil, causing the material to be-

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THE SYSTEM YOU WILL EVENTUALLY LEARN

Swedish Movements, Medical and Orthopaedic Gymnastics

Term: 3 Months Tuition Fee, \$75.00

Course in Electro-Therapy

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Course in Hydro-Therapy in all its Forms

Term: 6 Weeks Tuition Fee, \$30.00

FALL CLASSES open in two sections: SEPTEMBER 21st and NOVEMBER 17th, 1910

Winter Classes Open January 10th, 1911

OVER 9000 TREATMENTS GIVEN IN 1909

No Better Clinical Experience Possible

All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Winter Classes open January 10th, 1911. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

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MARGARET A. ZABEL (German Hospital, Philadel-

phia, Penna. Orthopaedic Institute).

Pennsylvania Orthopaedic Institute and School of

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1711 Green Street, PHILADELPHIA, PA.

MAX J. WALTER, Superintendent

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Borax Iodine & Bran

ACTS LIKE MAGIC

40 Years the Standard of Efficiency.

Instantly Stops that everlasting Smarting, Aching and Foot Weariness. Dissolves Corns and Callouses. Soothes and removes Bunions and all Inflammations. Relieves and Prevents Excessive Perspiration. A triumph of medical skill. Worked out by William Johnson, graduate of the London Chemical Laboratory. One cake will demonstrate it. Buy a cake to-day and know what Foot Comfort means.

Large cake, 25c. All druggists. Samples free on request.

Money Back if Not Satisfied.

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come hard and brittle, and greatly shortens its life. Arrow Linseed Soap not only cleanses thoroughly, but having linseed oil as a base tends to keep the linoleum or oilcloth soft, pliable and in good condition.

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Hay Fever.

Horsford's Acid Phosphate in teaspoonful doses with water and sugar is highly recommended if taken for a few weeks previous to the attack.

We feel confident in recommending this as a preventive for hay fever, if used as directed above. It is a powerful nerve tonic in cases of exhausted condition of the nervous system.

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Instead of Hot Water Bottles.

Instead of hot water bottles the 50 C. P. special therapeutic lamp placed in a hood, so that all the heat rays are emitted, is now extensively used in many hospitals where immediate and intense heat is desired. For applying the same to joints, spine, abdomen or any special small area it has great value. The price now has been reduced to a point where all hospitals can purchase same. It is made by The Max Woche & Son Co., of Cincinnati.

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Soothing Pelvic Neuralgias.

For the purpose of soothing and controlling pelvic neuralgias the most satisfactory results can be obtained by the administration of Dioyburnia two parts, combined with Neurosine one part. You can depend upon your patients returning and expressing themselves that the medicine you dispensed caused their nervousness, etc., to abate, and request of you some more of the same. Doctor, give this combination a trial.

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Women and Weak Nerves.

"Weak nerves," so called (or nervous debility, as it might more properly be called), are the source of a great deal of suffering, ranging from a slight headache to insanity. A little nervousness easily develops into hysteria and involves the entire system. The duty of a sedative is to reduce the tension of the nerves, and thereby either prevent its increase or soothe it into a normal condition if it has grown into a disease. *Passiflora incarnata* is a natural sedative to nervous ex-

citement, and seems peculiarly adapted to these cases, not only allaying irritation, but controlling the entire organism. The only reliable preparation is the Concentrated Tincture, manufactured by John B. Daniel, Atlanta, Ga.

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Papine.

In all forms of diarrhea and dysentery—when it becomes necessary to allay excessive peristalsis, overcome spasm and control pain, there is no remedy that gives as uniform satisfaction as Papine. The sedative, analgesic action of this remedy is manifested immediately, and the characteristic tenesmus is relieved almost as promptly. Here, again, the recovery of the patient is not interrupted by the customary severe constipation by which the use of other opiates is commonly followed.

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How to Enjoy an Outing.

There are many uses for antikamnia tablets, not usually thought of. Patients who take an antikamnia tablet before starting on an outing, tourists, picnickers, automobilists, bicyclists and, in fact, anybody who is out in the sun and air all day, will entirely escape that demoralizing headache which frequently mars the pleasure of such an occasion. This applies equally to women on shopping tours, and especially to those who invariably come home cross and out of sorts, with a wretched "sight-seer's headache."

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Extracting the Principles of Cod Liver Oil.

In Hagee's Cordial of the Extract of Cod Liver Oil Compounds the active principles of cod liver oil are extracted from the whole product, thus saving the stomach the task of digesting the oil for the sake of the medicinal properties it contains. When it is remembered that the whole oil will frequently upset a normal stomach, this feature of Hagee's Cordial of the Extract of Cod Liver Oil Compound at once stamps it as the most reliable and palatable cod liver oil preparation to prescribe.

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The Anemia of the Nephritic Patients.

It is pretty generally conceded by authorities and clinicians of experience that a bland milk diet is best suited to the needs of the

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1908 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and co-ordination exercises.

The instruction will occupy about seven months, beginning in October, 1909. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechano-therapy or separately.

This course last four months, and the fee is \$25.

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6 OZ.
SPRINKLER
TOP.



One of above special bottles of
Glyco-Thymoline will be sent

FREE
Express Prepaid
to any *Trained Nurse* on appli-
cation.

We want you to know the value
of *Glyco-Thymoline*. It stands
on its merits.

Mention this Magazine.

KRESS & OWEN COMPANY

210 Fulton St., New York.

nephritic invalid. It is well known, however, that milk contains but an infinitesimal proportion of iron. This deficiency can be readily made good by administering Pepto-Mangan (Gude) both during and after the milk diet period. This palatable, organic, ferruginous compound is entirely free from irritant action upon the kidneys and it does not disturb the digestion or cause constipation. The essential iron is supplied in tolerable and promptly assimilable form and the use of the remedy does not, in any way, interfere with such other treatment as the physician may see fit to adopt.

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Nutrient Features.

Horlick's Malted Milk is prepared on physiological lines, under modern hygienic precautions, and in the light of over a quarter of a century of experience. Its basis is a generous proportion of pure, rich milk, obtained from dairies that are well regulated, special precautions being taken to insure both purity and nutritive value. The milk is enriched with albumenoids, carbohydrates, phosphates and other extractive matter, obtained from select wheat and barley after being malted in a scientific manner in our own malt house, under expert supervision.

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Maintain Nervous Poise.

In approaching maternity cases, the maintaining of nervous poise presents such a problem that ordinary means are out of the question.

On account of this the use of a malt extract has come to be regarded as the "great deliverer" during this trying period.

Of course, having a reputation to guard, one wants to be sure that one is prescribing a reliable brand. On this account it is no wonder that nine of every ten practitioners specify Pabst Extract, the "Best" Tonic, for it has stood for fifty years for all that is pure, clean and uniform.

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Thalosen (Abbott).

Each tablet contains one grain of phenolphthalein with senna and sulphur in correct proportions, in an aromatic base. For convenience it is segmented into quarter doses. Whether it is because a refined grade of the drug is used in its making, or because of the

presence of synergistic drugs, we do not know, but Thalosen is certainly more satisfactory in its action than the phenolphthalein laxatives that have come from other sources. In this combination one grain of phenolphthalein seems to go farther and operate more completely and regularly than twice the dose of this drug given alone or in other combinations.

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Use It Every Day.

Dr. Frank Billings, in a statement before the Committee on Manufactures of the United States Senate, in speaking of Borax, says: "As far as its medicinal effect is concerned, we use it in medicine, outside of surgery, very much for the purpose of neutralizing acids and cleansing surfaces. I use it every day, for instance, in stomach disturbances, washing out stomachs, putting from 1% to 5% of it in water to render the water slightly alkaline and to remove the mucus from the surface of the stomach, and also to neutralize the acids—any abnormal acid which may be there—and I use it with impunity."

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More and More in Demand.

Postum, the now quite famous breakfast beverage made by a special process from clean, hard wheat, is more and more in demand by those who find discomfort from the use of coffee. After all, why use a beverage like coffee and tea, both of which contain a true habit-forming drug—caffeine? When Postum is thoroughly boiled and is served with cream it is often impossible to detect the difference between it and coffee. Yet it contains no coffee or other harmful substance, being made, as above mentioned, of wheat, including the bran-coat which contains the valuable mineral matter (phosphate of potash) so essential to cell elaboration. But Postum is not agreeable unless boiled according to directions in package—at least 15 minutes and serve hot with cream.

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Sturm Signal System.

There is but one perfect hospital signal system. This system was devised by Meyer J. Sturm, hospital architect, for use in the hospitals and institutions designed by him for the purpose of calling nurses and attendants.

There can be no confusion of calls with

20 MULE TEAM PRODUCTS

For the Nursery and Sick-Room

BORAX is one of the mildest antiseptics known; in fact it is comparatively the only one known that is wholly safe to use in the sick room. Therefore, it can be used in the place of more powerful antiseptics, which are frequently the cause of poisoning a patient.

Borax can be used indiscriminately in the sick room for softening water with which to bathe the patient, and for thoroughly cleansing bed linen, soiled garments and utensils.

A boric acid solution is cooling and soothing for the eyes, for inflamed cuticle or the mucous membrane. Boric acid spangles are the best to use for making a solution. Boric acid in a powdered form is unsurpassed as a dusting powder.

20 Mule Team Borax, Boric Acid and Spangles are all packed in convenient cartons for the nurse to handle. The 20 Mule Team Brand is always a guarantee of purity.

Write for our "Magic Crystal" booklet—free on application.

PACIFIC COAST BORAX CO.

New York : : Chicago : : Oakland



Help Wanted?

Would a quiet, efficient and unobtrusive assistant be acceptable to you during the long, nerve-trying hours of duty—an assistant that would relieve you of one-half the routine part of your work?

The R.R.R. helps for nurses will render you just such assistance—every one is a specialist in its own particular field, meeting every requirement of modern nursing.

One of these helps is shown in this advertisement—

The R. R. R. Thermometer Set—Mouth, Rectal and Bath Thermometers

In a Combination Case

that will insure your readiness for all thermometer emergencies. It will **PAY YOU** to know about the R.R.R. method of replacing broken thermometers.

The R.R.R. helps also include charts for every purpose—bed-side, maternity and T. P. & R.—and the **READY REFERENCE REGISTER**, the history of your own personal experiences.

You are entitled to a free and complete set of samples of these "Silent Sick-room Assistants;" to get them just write "Please send samples of the R.R.R." over your name and address on a postal. Address the postal to

THE READY REFERENCE REGISTER

Herald Building

WATERTOWN, N. Y.

RRR THE
PIN
DENOTES
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Patent Applied For

this system. No mistakes can be made. It is positive and quiet. There are no bells, annunciators, drops or miniature lamps. All signalling is done by ordinary electric lights operated from the bed of patient. Signal lights cannot be turned off except by nurse or attendant going to the bedside of person who called. Pilot lights cannot be extinguished until all calls on any floor have been answered.

See advertisement in this issue.

THE RELAY SIGNAL COMPANY,

86 La Salle Street, Chicago, Ill.

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New Remedies.

If figures really talk, we must certainly believe that mechanical treatments of all descriptions are growing, not merely in the favor of the laity, but also in the favor of physicians and hospitals. Almost 10,000 mechanical treatments were given in the last year at this institution alone, and nearly 400 of our graduates have accepted institutional positions either to take charge of the mechanical departments at hospitals and sanatoria, or as instructors to the nurses in the various branches of Mechano-Therapy.

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy (Inc.), 1711 Green street, Philadelphia, Pa., offers to earnest men and women a carefully prepared and most complete course in the Swedish system of Massage, Medical, Corrective and Educational Gymnastics, Electro and Hydro-Therapy, also embracing the subjects of Anatomy, Physiology and Pathology as far as required for this line of work.

The students do not only get a thorough practical and theoretical course in the branches mentioned but are sent to the leading hospitals of the city to give such treatments to patients in the nervous and orthopaedic dispensaries.

Upon completing the course, lasting three months, the institute assists its graduates in obtaining institutional positions, as well as private work, and particularly in the last year the call for competent graduates has been far in excess of the number of available applicants.

It is needless to say that this profession is dignified and remunerative, and any one interested in taking a course will find it to their advantage to inquire further into the matter

by asking for an illustrated prospectus containing the necessary particulars.

The Summer classes open July 12. The Fall classes will open in two sections, on September 21 and on November 17. The Winter class opens January 10, 1911.

Kindly address all communications to Max J. Walter, Superintendent.

+

Card Register Systems for Hospitals.

In every hospital there is the need of a practical registering device, not only for the recording of patients, but also to keep track of the coming and going of nurses and physicians.

The Universal Register Company of Chicago manufacture a complete line of registers, all of which are constructed with a view to furnishing the most convenient and practical service. They have the advantage of several years of catering to the hospital trade, and their line is receiving wide recognition among the best hospitals.

The Hospital Patients' Register is so constructed that all information regarding the various patients can be seen at a glance, while their "In and Out" registers for physicians and nurses are most simple in operation and cover all requirement.

The pocket of the nurses' "In and Out" register accommodates a card sufficiently large to permit of a synopsis of each case being written on the lower half of the card, the card pockets of the board being so arranged that when the card drops into the pocket only the upper portion of the card showing the nurse's name appears to view, the lower portion of the card dropping out of sight. Thus, to the casual observer, the only information that appears to view is the name of the nurse, and only those authorized to take the card out of the pocket would be in a position to know the nature of the case.

The "In and Out" register for physicians has quite a different style of pocket, and does not accommodate as large a card, as it is necessary to show only the name.

Full particulars will be cheerfully furnished upon request. Communications should be addressed to the Universal Register Company at their main office and factory at 1409 West Jackson Boulevard, Chicago, or their branch office at 92 Centre Street, New York.



These handsome, sturdy, twin boys, 2 years and 11 months old, were the prize winners at a recent baby show.

Their mother, Mrs. Richard J. Lyons, Des Moines, Ia., writes:—"Before using Eskay's Food, my boys were sick nearly all the time, but they began to improve when they were put on ESKAY'S, and never had a sick day afterwards."

When Baby is not gaining, the food ought to be changed and quickly.

Fresh cows' milk modified with

ESKAY'S FOOD

has solved the problem for thousands of babies who for various reasons could not be nursed, or did not thrive on other foods.

With Eskay's Food baby soon begins to gain, and it will be healthy flesh, because Eskay's not only renders cows' milk perfectly digestible but supplies all the elements necessary for his complete development.

If your baby is not thriving don't experiment, but put him on Eskay's Food at once. The scientific world has yet to discover anything better.

On request we will gladly send to any mother, free, ten feedings of Eskay's and our helpful book, "How to Care for the Baby."

SMITH, KLINE & FRENCH CO.
436 Arch St., Philadelphia, Pa.



The Publisher's Desk

The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKE SIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

Annual Subscription, post-paid.....\$2.00
Single Copies20

Entered as second-class matter at the New York Post Office, March 14th, 1901.

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Awaiting Review.

We regret that lack of space has prevented us from reviewing a large number of exceedingly interesting books now on hand.

Among others are:

Emergency Surgery for the General Practitioner, by John W. Sluss, A.M., M.D., Professor of Anatomy, Indiana University School of Medicine; formerly Professor of Anatomy and Clinical Surgery, Medical College of Indiana; Surgeon to the Indianapolis City Hospital, Surgeon to the City Dispensary, member of the National Association of Military Surgeons. Second edition, revised and enlarged, with 605 illustrations, some of which are printed in colors. Price \$3.50.

How to Become a Nurse. The Nursing Profession. How and Where to Train. Being a guide for trained nurses in their work and to training for the profession of a nurse, with particulars of nurse training schools in the United Kingdom and abroad and an outline of the principal laws affecting nurses, etc., edited by Sir Henry Burdett, K. C. B., K. C. V. O. New and revised edition, thirtieth thousand. Price \$1.00. Scientific Press, London, England.

The Midwife's Pronouncing Dictionary of Obstetrical and Gynecological Terms, edited by Henry Robinson, M.A., M.D., Anaesthetist to the Cancer Hospital and to the Samaritan Hospital for Women; late Resident Obstetric Officer at St. George's Hospital, etc. Price 50c. Scientific Press, London, England.

Cosmetic Surgery. The Correction of Facial Imperfections, by Charles C. Miller, M.D. Second edition, enlarged. Price \$1.50.

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The Trained Nurse and Hospital Review

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NEW YORK, SEPTEMBER, 1910.

NO. 3

The Responsibilities of Your Vocation *

JOHN C. MAC EVITT, M. D.

President of the Medical Society of the County of Kings, New York.

HOW typical of your hospital life has been the month through which we have just passed, April—filled with sunshine and shadow. How auspicious for these gladsome exercises is the present month, May—radiant May, with its genial air tinctured with the perfume of flowers, crimsoning the blood, sending it laden with buoyant hopes riotously coursing through your veins, its subtle energy lending elasticity to your step and animation to every movement. All nature is singing a pean of joy—Hymn of Awakening, and you to-night are singing the prelude to a new existence. Rejoicing with you and appreciating the honor that has been conferred upon me of extending to you a congratulatory greeting and a parting benediction, I confess to a feeling of trepidation, a fear lest I should strike some jarring chord to mar the symphony—to a feeling of embarrassment equal in intensity to that of the good old Methodist preacher, who, having entered his pulpit, placed the roll of manuscript containing his sermon in a convenient knot-hole; lost in the fervor of his open-

ing prayer he accidentally pushed it into the hole beyond recovery; in dismay he abruptly ceased his prayerful supplication and looking ruefully at the knot-hole and then at his bewildered congregation, exclaimed: "My dearly beloved brethren, there is a mighty good sermon in that knot-hole, but you will have to get it out." So it is with me. I have thoughts within me which it will be necessary for you to bring forth.

Yet, as I gaze upon the beautiful picture of these comely young women, framed in the beaming countenances of this cultivated assemblage, I am sure were I an Egyptian mummy I would find sufficient inspiration.

Young ladies, let your hearts beat exultingly. This is your hour of triumph. You are now tasting the sweets of victory, and we are here to exult with you. Lest you forget that you are to gird your loins for a greater fray on the morrow I intend to add to my congratulations a few words of friendly advice. As it is befitting that a general skilled in war should on the eve of battle counsel his

*Delivered to the Graduating Class of Seney Hospital, Brooklyn, May 10, 1910. Contributed to The Trained Nurse.

soldiers, so it is befitting that a physician should counsel his assistants. The wisdom of my selection may be questioned, for upon occasions of this kind it is customary for the speaker to deal in the license of poetic exaggeration. The lay orator, viewing you and your profession from its sentimental side, can in rhetorical flights of fancy describe in such glowingly picturesque terms the heroics and divinity of your art that you, in your exaltation among the clouds, might well wonder if it would be possible for you to descend to the menial duty of—oh, well, let us say, making a bed. I shall speak to you as a teacher of nurses, as a fellow worker with them in the hospital wards, at the bedside of the sick in the sanctuary of private homes, as one who has heard them condemned, as one who has heard them praised. If inferentially I speak of your foibles, so will I of your virtues. Believe me, young ladies, you are not heroines, yet you are capable of performing heroic deeds. You are just plain, practical, self-respecting, self-supporting, independent young American women, holding by your moral character our respect, and by your skill our admiration. You have selected as a means of livelihood nursing as a profession, and a noble profession it is. You have chosen well, chosen as did Florence Nightingale fifty-six years ago. How musically that revered name falls upon our ears! What suggestive beauty lies hidden within its meaning! Nightingale, Singing Bird of the Night, whose song lends radiance to the darkness. How symbolical it was of her calling, for where there is sickness a veil of mental gloom shuts out the joy of day. The kindred of the sick one wander helpless in its oppressive atmosphere. The nurse in her ministrations sings the song of the

nightingale and the gloom melts beneath the melody of its strain. Somewhere within your innermost self there must have been born the germinal thought of compassion for and the desire to succor the sick and afflicted. Hence, then, your choice of a vocation has been by intuition, in the truth of which we bow in honor to you. Your three years' experience within the hospital walls has undoubtedly destroyed much of the romance with which at first you were imbued. In its stead we will hope that there has been instilled a tender sympathy for suffering, a patient forbearance with the exactions and irritability of the sick, and, above all, a knowledge of the great responsibilities which you elect to assume. To-night you sever the bonds of association which guided and safeguarded you through your period of instruction. To-morrow you take up duties sacred in the eyes of God and man. Confidences and secrets even dearer than life will be entrusted to your keeping. You would be lacking, then, in conscience if mingled feelings of courage and fear did not mark your entrance into this noblest of all vocations for women—nursing.

I would like to dwell upon the story of its evolution, from the beer-drinking charwoman of the Victorian era to the intellectual, refined trained nurse of to-day. I would like to go back to the cloistered nursing of the humble and meek Sisters of Charity whose lives were sacrificed to this God-like quality of charity and mercy, and to the days of the divinely inspired St. Vincent de Paul; but I must not tarry, I have more practical things to say with the limited time at my disposal. Be modest in the estimation of your acquirements. Your knowledge of medicine is most elemen

tary indeed. Amplify it along the lines of the study of systematology of disease and the physiological actions of medicine, for herein lies the knowledge of the greatest value to the patient and to the physician. Cultivate a habit of study. Strive to live in an intellectual atmosphere. You may be lacking in personal charms, but beauty of the mind shines with an ineffable charm and bears better the breath of time. Let your reading be diversified, but I beg of you to eschew the problem novel of the day and the prurient literature so voraciously devoured by the public. The Lord knows we see enough of the filth and nastiness of life without seeking it elsewhere. Read books which will develop character and culture. A broad sympathy and love for all living things, books which will enable you to interpret the voice of the forest pines, soothingly whispering to the turbulent waves as they angrily hurl themselves against the shore; works which do not drag women through the mire, but place them in their proper sphere among the stars to be worshipped as we worship our mothers; books which treat of the doctrines of Him who said to the harlot, "Go and sin no more." Thus the dross in your nature will be refined and fit you intellectually and morally to enter into the lives of others; to minister to the sick; to wipe the sweat from the brow of the dying, and to kneel in the presence of the dead.

The essential practical requirements for being a good nurse are multiple. When summoned to attend a case of sickness it is well to bear in mind that yours is a mission of mercy; that your duty is to bring courage and fortitude into the afflicted household where anxiety and fear dwell; that your welcome is caused by a necessity; that you are to supplant

in attendance the affectionate ministration of some relative, perhaps a wife or mother, who, worn out by constant vigil, is a physical and mental wreck, who, while she courteously welcomes you, grudgingly, misgivingly and jealously resigns her charge to you—a stranger. First impressions means so much. Let your garb be in keeping with your occupation—neat, modest and sober, your manner quiet, reserved and dignified. Disarm criticism by your dress and personality. I have known cases where the garishness of nurses' street attire, upon their introduction, produced a feeling of antagonism that faithful service failed to overcome. In the sick room try to avoid marked assumption of authority. From the first moment endeavor to win the confidence not only of your patient, but of the members of the household. Many people object to the presence of a nurse because of the fear of their banishment from the sick room. It is your duty, for the sake of your professional sisters, to overcome this prejudice by tactful cordiality. It is only in grave cases and by order of the attending physician that restrictions are to be placed upon the going and coming of members of the family. Do not be mysterious in your actions, but explain the simplicity of the things you do or are about to do. Remember that amiability, prettiness of face, good-natured volubility, while not defects, are surpassed by a grave gentleness of demeanor, to know how and when to be silent and a softly modulated tone of voice. Learn to control your temperament; expressions of doubt or fear at unfavorable symptoms in your patient are quickly recognized and are productive of undue anxiety in others. In all homes there are secrets. The skeleton may be hidden within the dark-

est recess of the closet, but in sickness in the family it generally stalks forth. Let what you learn in this confidential capacity be held inviolate; let the keeping of these secrets be the flowers which will bedeck your own grave. The State recognizes the sacredness of your calling and throws its protecting mantle over those confidences of which you have been willingly or unwillingly the recipient. To the physician in attendance be loyal. You may recognize his deficiencies, know that his professional standing is not above mediocrity. They who employ him have faith in his ability. Never by innuendo or praise of other physicians destroy this faith. Your first duty is to your patient. If you are certain that injurious effects will follow the literal following out of the doctor's instructions modify them; obedience to orders is admirable, but let it be intelligent in its performance. Speak candidly to the medical attendant when in doubt as to your duty. A nurse with three years' hospital experience knows some things which a doctor without such hospital experience lacks. A wise physician will accept suggestions from some kind old granny whose hair has been whitened and whose judgment has been rendered acute by life-long observation. Anyway, a doctor who would take offence at an inquiry seeking information for the good of the patient should become an osteopath or a chiropodist; he would still be called "doctor," with his potency for harm minimized. Your relationship to the help in the family is another matter of much importance. Servants are prone to complain of the additional labor consequent upon sickness in the family, and they seem to have a particular aversion to trained nurses. The preparation of the sick

room dietary by the nurse (and she alone should prepare it) necessarily requires time and interference with the daily routine in the kitchen; other departments of the household economy are likewise interfered with. A good nurse should be able to adapt herself to her surroundings. Tact and policy in this regard are invaluable possessions. Do not be above assisting the servant in this additional labor where occasion calls for it. Her good will is worth cultivating. Your presence in the household will be rendered happier by it. Menial work when performed for the sick glorifies the deed and renders it akin to the divine. In your deportment be gentle, yet strong; amiable, yet determined; sympathetic, but not overzealous in its expression; discreetly confidential, but never descending to gossip; attentive to your patient and considerate toward all, if you desire to find honor in your profession.

A word to you who employ nurses and my task will be done. A trained nurse of to-day, by virtue of her degree, is a woman of education and should be refined in manner. Your duty will be to receive her hospitably as you would an honored guest. Being very human she will require regular meals, a certain number of hours of sleep and outdoor exercise properly to perform her duties. Guard her against annoyances, and by action and words show your appreciation of her efforts. Consider yourself, notwithstanding her presence, master or mistress of your home. The privileges of the sick room are yours, unless for good reasons the physician has ordered otherwise. The nurse is under your supervision in everything excepting the administration of medicines and personal supervision of the patient. Modern

nursing requires on the part of the nurse a knowledge which you do not possess. The various modes of administering medicine, their effects, recognition of symptoms, the use of instruments of precision, the prevention of contagion, the keeping of a record of everything pertaining to the patient during the interim of the doctor's visit. This last mentioned duty is of invaluable aid to him in his treatment of the case. The pecuniary reward received by the nurse in the care of a dangerous case of illness is inadequate. She gives not only her intelligence, nervous force, sympathy, but vitality as well. The true nurse finds her reward in her ability to lull pain by ease, to convert wakefulness into peaceful

slumber, and to quench the fire of fever, and when reason asserts its power and the eyes beam with brightness and the tongue speaks the heart's gratitude, harbingers of returning health, the nurse's heart beats with joy, for that which she has accomplished is beyond price.

Young ladies of the graduating class we bid you God-speed. You are now mistresses of your own destiny. Go forth into the world with the confidence commensurate with your ability. Render your calling a synonym for all that is noble in woman's work, ever bearing with you that compassionate humility which led Mary Magdalen to wash the feet of our Saviour.

Michigan.

The Michigan State Nurses' Association held its sixth annual meeting at the Masonic Temple, Port Huron, June 28, 29 and 30. The meeting was called to order by the president, Mrs. G. O. Switzer. Rev. J. P. McManus delivered the invocation and Dr. A. H. Cote, acting for Mayor J. J. Bell, gave the visiting nurses a most cordial welcome. Response by Miss Fantine Pemberton. The remainder of the afternoon was devoted to the address of the president, the reports of the officers and chairman of committees, closing with a drill in parliamentary law by Mrs. Emma Fox, of Detroit.

In the evening Miss Jane Delano, of Washington, gave an address on "Red Cross and Army Nursing," following which an informal reception was given. Wednesday morning was taken up with a parliamentary law drill, the report of Miss Sarah Sly, delegate to the meeting of the Nurses' Associated Alumnae of the United States, and the reports of the delegate to the State Federation of Woman's Clubs and on State Registration, given by Miss Elizabeth Flaws.

After these reports the work was divided into two sections, one for the superintendents of training schools and the other for private duty nurses. Before each section very interesting papers were read. In the afternoon

a boat ride was enjoyed by all at which a question box was conducted for each section. Wednesday evening Dr. Caroline Hedger, of Chicago, gave an address on "Social Hygiene."

Thursday the meeting closed after the election of the following officers: President, Mrs. Ralph Apted, Grand Rapids; first-vice president, Mrs. G. O. Switzer Ludington; second-vice president, Mrs. R. G. Wheeler, Port Huron; recording secretary, Elizabeth Greener, Muskegon; corresponding secretary, Fantine Pemberton, Ann Arbor; treasurer, Mrs. M. S. Foy, Battle Creek; chairman of committees, Ways and Means, Elizabeth Parker, Lansing; Credentials, Mary Kurfess, Jackson; Nominating, Agnes Deans, Detroit; Printing, Charlotte Dancy, Battle Creek; Arrangements, Margaret Moore, Jackson; councillor, Isabel McIsaac, Benton Harbor. The meeting of 1911 is to be held in Jackson.

+

Nichols Memorial Training School held their annual meeting at the hospital on July 25. Business matters were discussed and new officers elected for the coming year. President, Mrs. Edward Hoyt; vice-president, Miss Lula Barker; secretary, Miss Lucy Patterson; treasurer, Miss S. A. Gourlay.

A Partial Solution of the Problem of Providing for the Nursing of People of Limited Means *

FRANCES H. BESCHERER.

THE question of providing skilled nursing for the moderate wage earner is one that has for some time past held the interest of the medical and nursing profession. Various have been the methods suggested for meeting this need, among them a sliding scale of fees for nurses and organization for each city or town which shall engage graduate nurses at full pay and "sublet" them to patients at a low rate, making up the deficit by popular subscription; sending out pupil nurses from hospitals in their second or third year; the conducting of short term schools, where women are given large doses of theory and small ones of practice for three to six months and then turned loose on a long-suffering public as "nurses," etc., etc. All of these methods have been tried with more or less success each year. Meanwhile the hospital training schools turn out hundreds of splendidly equipped nurses, who, when one considers their expensive education, are perfectly justified in charging prices which only the wealthy can pay. The supply, if one can believe the statements of the registries, more than equals the demand. But the middle class!

The American Hospital Association, of which I am proud to be a member through its Training School Committee, has recommended a most admirable curriculum for the edification of the hospital training schools, but recommends that the question of the training of

pupils for moderate income patients be thoroughly investigated and a report made next year. At a meeting of the committee a year ago the Albany Guild for the Care of the Sick was asked to present their method of preparing pupils to help in meeting the need in Albany. We feel greatly honored by the invitation to meet the members of this association in a discussion of this subject. The Guild for the Care of the Sick grew out of an organization known as the Fruit and Flower Mission, which early in its existence recognized the need of administering to the physical needs of its sick poor. For several years, beside a small staff of graduate nurses, a staff of so-called "domestic nurses, or attendants," were employed to assist in the care of those patients needing more than a daily visit. They were paid only for their days of work, being at liberty to accept other employment between cases. It can be readily understood that this was not a very satisfactory arrangement, as the guild must stand sponsor for all the nursing, be it good, bad or indifferent. But the experiment proved that the need for continuous service existed, and that the work had the support and co-operation of physicians, so the training school for high-grade domestic nurses was organized. A small number of young women who were recommended by physicians for the work were engaged for a course of two years and six months, three months of this being a probationary

*Read at the meeting of the New England Society for the Education of Nurses.

term. Their theoretical work consists of a weekly recitation in anatomy, physiology and hygiene and in nursing, using the text books found in any hospital training school, and a course of lectures by leading physicians of the city. A course in invalid cookery is given by a graduate dietitian, who is in charge of the guild's diet kitchen. If the pupil lives in town her salary begins at \$10 per month, increasing gradually to \$20 at the end of the term. If not, she is paid \$7 per month, the guild providing lodging and two meals a day, the pupil providing her own lunch, and the increase is to \$18 per month. At the end of probation the pupil, if she is to remain, signs a contract, which calls for a continuous service for the remainder of the term, and stipulates that the fees charged for services after receiving her certificate shall be \$16 per week for the first year of satisfactory work, after which \$18 may be charged. The practical work begins at once. The pupil accompanies one of the graduate nurses on her round of visits for the first few days only to observe. Then she is supplied with a bag equipped with the necessary dressings, solutions and instruments, and is permitted to assist the nurse in her work. She is taught to give baths, to make beds, to give enemas and douches, to catheterize, irrigations of bladder and colon, change bed and body clothing, the many little things which make for a patient's comfort. Perhaps one of the most important things learned in these visits to various homes is tact, for it requires a vast amount of that virtue to deal with the sick in their homes, to overcome the prejudices not only of the invalid, but also of his family. At the City Free Dispensary she is taught minor surgery, the making of bandages, dressings and solutions and

the sterilization of instruments. Under the supervision of the graduate she assists the eye and ear, nose and throat specialists in their examination and treatment. When she has been under instruction for some time she is sent alone to a patient to put in practice the teaching of the past few days, though only to a case requiring only such care as she has learned to give. This patient is visited later in the day by a graduate for supervision of the work done. This is continued throughout her training, though, of course, the following-up process does not take place every day as she advances. When the pupil has been thought capable of being placed on a case arrangements are made by the head nurse regarding charges, hours off duty, etc., and the pupil is visited frequently by the head nurse or another graduate. During vacation of tuberculosis nurse a pupil assists in the care of those taking the cure at home, especially in the care of bed patients and in the dispensary clinics. One whose term had nearly expired took the place of one of the graduates who was away on account of illness. When not on private duty a pupil always assists at any operation; thus she gets her training in preparing for an operation in a private house, and is often sent in advance to prepare patient and room for operation. The care of the patient and her room comes under the pupil's care. She prepares and serves food, gives medication and treatments and keeps a record for the physician. Many times the care of the entire household devolves upon her. She cooks and serves meals for several members of the family, keeps the house in order, besides finding time for the preparation of her work for the next class. One of the pupils cared for mother and babe and baked bread for a family of

seven, because the mother was sure her family couldn't eat baker's bread. Thus it will be seen that a knowledge of house-keeping is an absolute necessity for a nurse for moderate income patients. Our pupils appreciate the lack of those appliances necessary for the proper care of the sick, as found in the homes of people of small means, and early in their career are taught to make use of whatever is at hand. Besides the personal supervision of the pupils they are expected to report on their work every evening either in person or by telephone. Questions are asked, advice given, etc., and on class days the nurses compare notes on their cases, each one learning from the other something which will help her in her work. Regarding the prices charged for this pupil nurse work it varies according to the need and financial condition of the patient and the amount of experience had by the nurse. The charges range from \$5 to \$13 per week. The variety of cases to which they are sent covers everything except contagious diseases and major surgery. We make the limit of service to any one patient three weeks, though this may be extended according to circumstances. As our aim is to give a variety of training, long chronic cases are avoided as much as possible, though we do send pupils for a week or two. Actual experiment has proven that one pupil earned \$87 more than was paid for salary, board and lodging; on another the deficit was but \$7, and the income of these pupils pays their expenses and that of one graduate nurse. Two weeks' vacation is given each year, and for each week of continuous service on a private case twenty-four hours off duty is given. Pupils living in boarding houses are provided with a set of rules regarding hours of rest, recrea-

tion, etc. Those in their own homes are allowed more latitude. It is a dream of our future that we may have a central home for our pupils, where they can be supervised by a graduate nurse.

The conferring of certificates occurs this month. Three nurses have successfully passed an examination on medical, surgical and obstetrical nursing and physiology, the greater part of the questions being taken from a file of those used in various States in their examinations for registered nurses. The general averages are 85, 86 and 87 per cent., respectively. Our certified nurses are in great demand, their services often being spoken for in advance before their course is finished. Rarely does any justifiable complaint of their work come to us, and rejection of a pupil after probation for inefficiency seldom occurs. The course has been shortened to two years and three months. Now, with these facts and figures before you, does it not seem worth while that the work be tried in other cities where visiting nurse organizations exist? Many associations feel in many cases the need of more than can be given in a daily visit. Here is the opportunity to give practical instruction to a pupil and to save money for the organization. Many associations take pupils from hospitals for training in visiting nursing. These pupils need supervision while at work. Why not train young women along those lines who will be content to serve in the homes of the people of limited means for a limited fee after finishing their course? Many applicants for hospital training are rejected for no other reason than that of lack of the previous education which the hospital standard rightly demands. One of our hospitals has turned over to us the applications of several such women, and

we have communicated with them, with the result that they have taken up our training and are most excellent pupils. A woman of common school education and possessed of sound common sense, with a rigid application to study and a desire to please her patients, will have no difficulty in pursuing her training. We find that as the pupil works with the graduate very little extra time is consumed in the practical work. The majority of patients, so far from objecting to the presence of a pupil, appear to welcome the extra attention, and later on tell proudly of having the services of two nurses in their late illness.

DISCUSSION :

Dr. Patch—I would like to ask Miss Bescherer what becomes of these nurses after they leave instruction.

Miss Bescherer—The nurses keep on with their work, charging the price that is allowed them, and are kept very busy by physicians, usually for whom they have worked, and we have never found that any pupil has exceeded the price for which she promised to work.

Dr. Patch—Did I understand that they sign a contract agreeing not to exceed that price after graduation?

Miss Bescherer—They sign a contract at the end of their probation, agreeing not to charge more than the rules call for. That price has been advanced during the last year. It was at first decided that the pupil could charge \$16 for the first three years, after that the amount could be raised to \$18; but they have done very good service, and so it was decided a month or two ago to make the charge \$18 after the first year of satisfactory service.

Mrs. Codman—I should like to ask if it pays its way?

Miss Bescherer—You mean for the organization?

Mrs. Codman—Yes—all the training; is the training entirely paid for by the money that comes in?

Miss Bescherer—Yes, because it pays the pupil nurses' salaries, and the expenses, board

and lodging, their carfare, and the salary and carfares of the one graduate nurse—usually the highest salary—that is covered; that is, the salary of the head nurse is covered by that amount.

Miss Dart—Do you think it is fair for these young women to encourage them when they take up this course?

Miss Bescherer—We never encourage them to take it; we always ask if there is any reason why they cannot take a hospital training. We advise them to apply to the hospital, and if, after application to the hospital, she finds that she can't be admitted on probation, we then will accept her application.

Dr. Hugh Cabot—After these nurses are graduated and are out about their work, how is the distinction drawn between what they shall do, and the nurses graduating from the hospital, except that they charge less? Don't they in practice do the same work for a smaller fee?

Miss Bescherer—I think in very many cases they do the same work. It is only because the people can't afford to pay, or think they can't afford to, that they employ one of our nurses. It isn't always the people who can't pay—it is the people who think they can't.

Dr. Cabot—I should think that would work to the disadvantage of the nurses who are rather more competent to take care of the sick.

Miss Bescherer—If the patients want the graduate nurses, they have only to engage one, and as long as they engage a certified nurse, I don't think the graduate nurse has anything to say. They all register at the same registries; they register as graduates, or they register as domestic nurses, and when a domestic nurse is called for, our nurses and other domestic nurses are referred to the patients.

Dr. Cabot—You don't find there is any objection?

Miss Bescherer—Yes, very many nurses do offer objection, but at the same time they won't take that same case for \$16 a week.

Dr. Cushing—Doesn't this have an effect of letting into the nursing profession, on substantially the same terms, women of inferior quality, those that the hospitals will not take on account of lack of preliminary

education; and at the end of that training all the difference is that they are supposed not to take more than \$18? Now, that doesn't help the man who gets \$15 a week and has a wife and several children, but it lets into the nursing profession women of insufficient preliminary training, and there is very little reason to think that, if they get a chance and get into a good family, they won't ask as much as anybody else, whereas, on the other hand, I think very many nurses will take \$18 if it is explained to them by the physician that the family cannot pay more than \$18; that many a nurse who can get \$21 or \$25 will go for \$18 out of a feeling of professional duty. I can hardly think that the plan proposed makes for the professional advantage of the graduate nurse.

Miss Bescherer—That may be the case in other cities, not Albany; but we have it for a fact that Albany nurses have been asked and have refused to nurse for less than the regular rates. That may not be the case in other cities; I don't think that it is. But that is the fact in Albany—that Albany nurses have refused to nurse for less than their regular rates.

Miss ————Have these Albany nurses, as a whole, refused to work for \$18 a week?

Miss Bescherer—I have been told so; I don't know that they have. This was before the Guild began to train nurses, or when they had only one or two who had finished. That was told by an Albany nurse, that she had known Albany nurses to say they had rather take an entirely charitable case than to lower the prices.

Dr. Cushing—I would like to ask how the poor are taken care of? In the event that a man is able to pay \$16 or \$18, of course that is all right, but I would like to know how the Albany people take care of the people who can only pay \$8 or \$10?

Miss Bescherer—Well, while our nurses are in training, we will take cases from \$5 to \$12, depending on the amount of experience required and also on the financial condition of the person, so that they are not entirely dependent on those nurses who have finished; and those pupil nurses are under constant supervision of the graduate nurses who visit them every day, if necessary.

Dr. Cushing—How many pupils have you in your school who are available for that purpose?

Miss Bescherer—The number of pupils is eleven. This is only a partial solution, because we have only eight who have finished their training.

Dr. Cushing—That was the point I wanted to get at. This is a very partial solution. Of course in Albany you have hundreds of sick poor, and you only provide very limited service.

Dr. Palmer—If it solves the question in part, it is only a question of extending the system in order to provide for the care of all.

Dr. ————I should say it was unfair to say that they don't do enough, because, so far as I can see, they do more than any other place.

Personal.

Miss Ruth Deming, Superintendent of Luverne Hospital, Luverne, Minn., is spending a few months in Europe.

Miss Fannie M. Brooks, formerly with the Epworth Hospital, South Bend, Ind., also a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, has been placed in charge of the Hydro-Therapy Department at the Hackley Hospital, Muskegon, Mich.

Miss Emma E. Wilkerson, Wichita, Kan., a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., has been engaged

by the Naturopathic Institute and Sanatorium of Los Angeles, Cal., to take charge of the mechanical department.

Mr. W. B. Dalpe, a graduate of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., has been engaged by the Southern State Hospital, Patton, Cal., to take charge of the mechanical department and instruct the nurses in training.

Miss Florence Carhart will again do private nursing in Sioux City after having spent a year in California. She is a graduate of the Samaritan Hospital, class of '05.

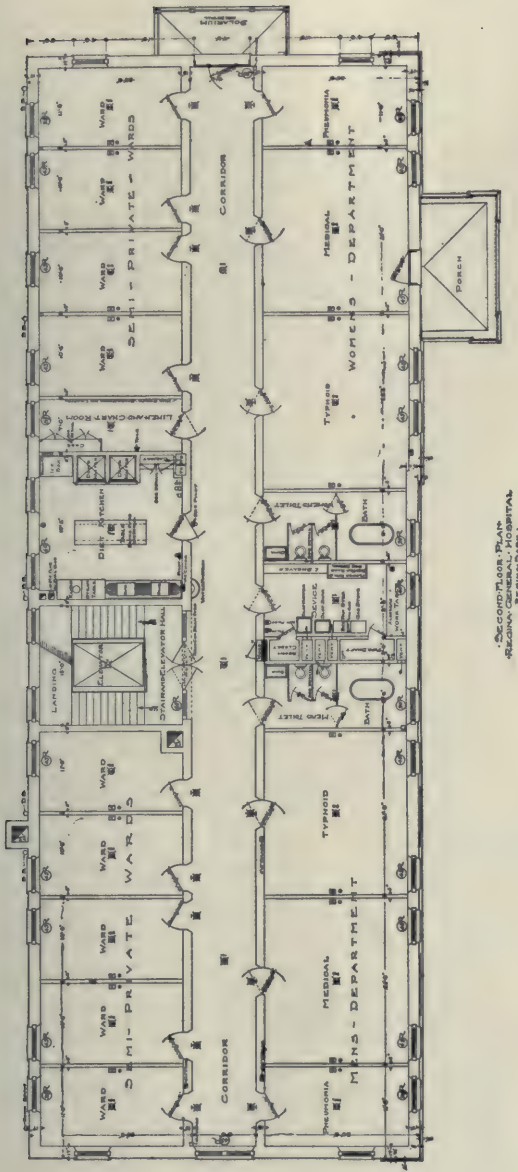


FIGURE 3.

A floor plan showing the first unit of a hospital, the ultimate of which is shown in figure 4. Note the segregation of departments respectively, and the possibility of economy in maintenance.

Practical Idealism in Planning Hospitals*

MEYER J. STURM, B.S.,

Hospital Architect and Consultant.

THE distinction between ideals which are practical ideas and ideas which are impractical ideals is so marked that I hardly need go into a precise definition of their difference. Nevertheless, despite the wide line of demarcation between the two, there has been up to within very recent years little or no practical idealism in hospital planning. The causes for this are many and varied, but the principal one, and the one upon which I wish to lay most stress, is the fact that hitherto the question has been considered from a standpoint of ideals, or it was the fixed idea of an individual with ideals largely impractical.

In a recent paper appearing in one of the hospital magazines Dr. C. P. Emerson stated in reference to the planning of hospitals and the construction of these, that "with few exceptions there are no architects in this country who have planned over two hospitals." All of you who are connected with hospitals are far too busy to go into the subject closely enough and minutely enough (except to get such ideas as might redound to the welfare of your own institutions) to get at a comprehensive idea of what is needed in not only your institution but in all institutions. Such meetings as this are of inestimable value, but no great surgeon was ever trained and perfected in his work, nor could he be, by getting the consensus of opinion from papers and discussions.

Physicians on the whole have had rather impracticable ideas, inasmuch as

their opportunity for studying the hospital from its administrative and maintenance point of view, has been rather limited. The busy physician and surgeon had, or took, no time to acquaint himself with what he considered the minor details of the general administrative requirements of such institutions. These very points are the ones which are so necessary in the planning of hospitals, as ultimately the entire planning of a hospital must resolve itself about the necessary details of administration.

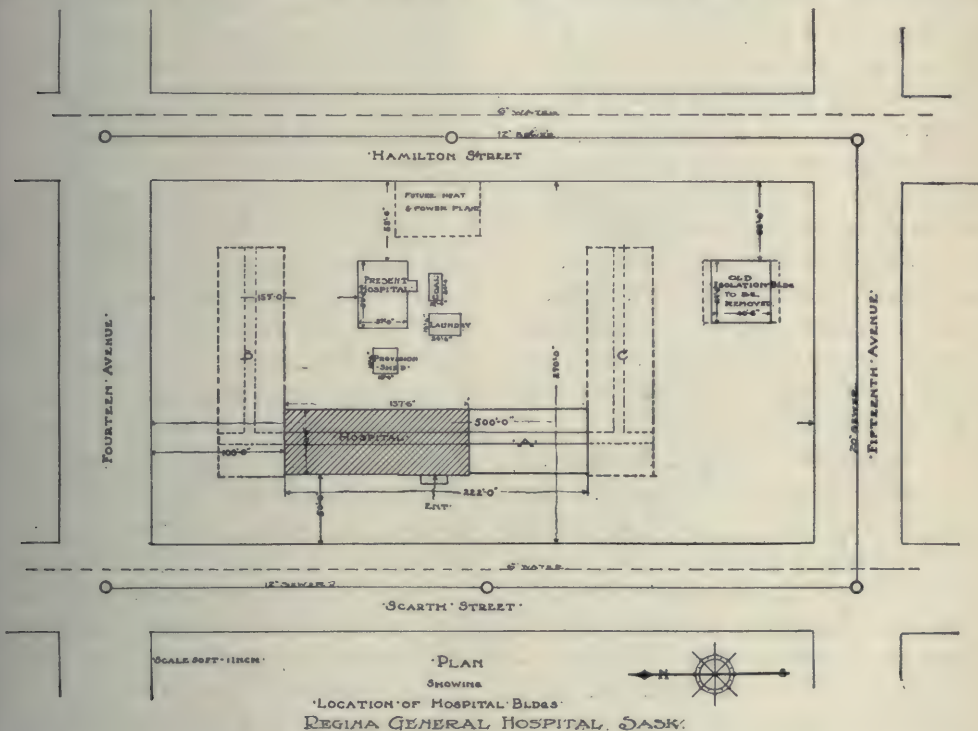
It remained, therefore, in the evolution of this subject that the question had to be left to the working out of general ideas rather than to a carefully planned consummation of practical ideals; or perhaps, with the aid of an architect, one or two men would work out what they considered a comprehensive plan for their own immediate needs, regardless of future exigencies. This plan was usually carried out with a viewpoint of getting the ideas of a local and general architect and the committee to fulfill the requirements for the ordinary hospital. The fact that in this particular work, vital in its minutest detail, was needed the services of a specialist with a broad knowledge gained from the close study of an experience in this one field, has only in the last few years been recognized.

The great question to be considered is that a hospital is a "living thing" which must be supple as well as graceful; that it must be a means to an end rather than the end. The study of this problem too

*Read before the Canadian Hospital Association. Contributed to THE TRAINED NURSE. All rights reserved by Mr. Sturm.

often resolves itself in the one object of making the hospital a climax. This is diametrically opposed to what should be the case. Peculiarly, and this needs serious thought, those who are building a hospital are not the final arbiters of the ultimate size to which this hospital shall attain. This is where the practical idealism of most men connected with hos-

necessity. They give no thought whatever to the fact that when their institution is full and they are running to their utmost capacity at all times, with more patients clamoring for admittance, or when the staff physicians and surgeons, unable for lack of room to place their private patients in this hospital, will doubtless take them elsewhere, that this



A. PLAN SHOWING THE ULTIMATE OF A HOSPITAL, THE FIRST UNIT OF WHICH IS SHOWN DEVELOPED IN FIGURE 3.

(All of the old buildings will be removed upon the completion of the hospital.)

pitals falls far short. They have rigidly fixed ideas that their hospital shall not contain more than just so many beds as its ultimate capacity. They give no thought to the growth of towns; they give no thought to the fact that people are becoming more and more educated to the hospital idea, and that the hospital is no longer a necessary evil, but a blessed

condition gives birth to a mushroom growth of badly planned and poorly constructed hospitals, a menace and a detriment to any growing community.

It is this phase of the problem where a man's ideals should go beyond what this generation requires, and to prepare for the future of the institution. To-day there are too many indiscriminate calls

made upon men for funds to endow or support institutions more or less worthy, but which, from sheer ignorance of necessary detail in their planning and administration, are maintained at an appallingly disproportionate expense. It is plainly evident that one good hospital containing 100 beds, planned with a view to future enlargement, maintained at a minimum of expense, which has every advantage for the physicians in the town in which it is located, for the training of its nurses and the general care of its patients, could be run at considerably less expense, so far as the general maintenance charge was considered, than four hospitals containing twenty-five beds each of the type to which I refer, or, for that matter, of almost any type. There is too much division of the general maintenance for the taking care of these 100 patients referred to in the separate smaller institutions.

This maintenance charge is, after all, the vital point to be considered. One cent per day per patient in a 100-bed hospital means the interest per year on \$7,300.00, and I might add that this is a perpetual mortgage, the principal of which can never be paid. Calculate, if you please, what a saving of five cents per day per capita means in such a hospital. The saving every year, for all time, of the interest on \$36,500.00 which, if this interest were added to the amount involved, would in a very few years be sufficient to double the size of the institution. In five years this amounts in interest alone to over \$10,000.00, and in ten years principal and interest amounts to \$60,000.00, and this on the saving of only five cents per day on 100 patients.

In a recent issue of the "Hospital," published in London, appeared the following: "There is nothing more distress-

ing to a practical man acquainted with the possibilities of hospital administration than the evidence which accumulates with telling force as inspections are made of many hospitals. The purchase of relatively imperfect or useless fittings, the adoption of exploded methods of ventilation, the extravagance almost everywhere manifest with increasing force in hospital buildings, the omission of practical details and facilities which recent plans too often display, and the multitude of other matters afford melancholy evidence to the expert that something is wrong somewhere.

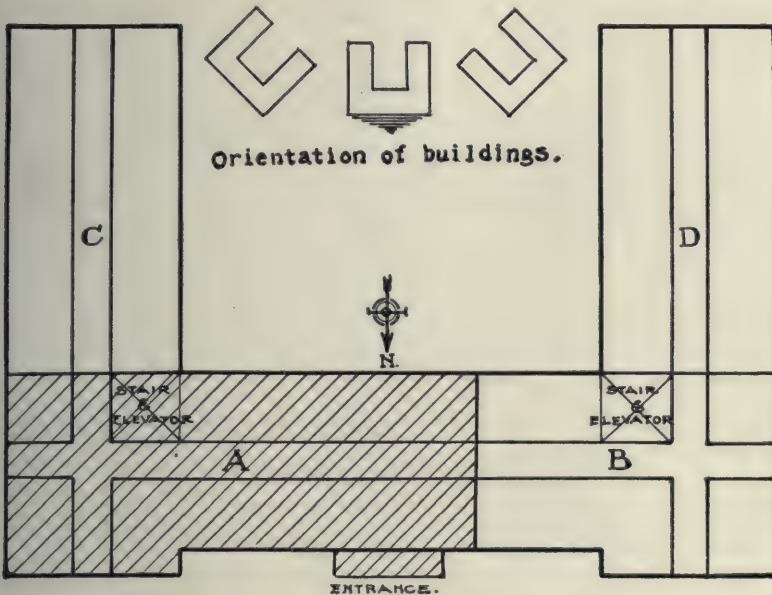
It is dangerous and immensely costly to employ an architect to build a hospital who has no practical knowledge of its interior working and administration. Architects fail, as a rule, to grasp that the theory of hospital construction is a living thing. That is to say, it is never possible at any stage to say that a climax of excellence and completeness has been reached. The failure to appreciate this fact has produced a number of striking failures, as represented by recent hospital buildings of importance. What are we to say of a man who spends hundreds of thousands of pounds and shows so little apprehension of the requirements of a great hospital that he places his operation theatres in a position which compels every patient operated upon to be brought out into the open air, and possibly to traverse some distance in it for some minutes? How many deaths may result from this one failure to appreciate realities, without possibly the architect ever realizing the innumerable deaths which may be justly laid in large measure at his door?"

This clearly defines the present situation. Every hospital is a separate and distinct problem, and just as any profes-

sional man becomes invaluable in his field of endeavor as he concentrates and specializes on one particular effort or line of work, so with the hospital architect it has become a fixed understanding that upon him devolves the necessity of making the theory of hospital construction a

growing thing. The first principle—I might say, the first of the practical ideals attainable in the development of the idea—is the greatest amount of serviceability at the lowest cost consistent with a first class structure and a minimum of fixed and maintenance charge for the

**Proposed block plan
Strathcona Hospital, Strathcona, Alta., Can.**



Block plan showing units for ultimate plan.

**Meyer J. Sturm Hospital, Arcam.
Chicago, Ill., U.S.A.**

This plan shows the practical method for making preparation for the enlargement of the ultimate plan for a hospital, the shaded portion being the first unit containing all the administrative and operating departments, which would make the succeeding units available for patients at a considerable saving for the number of patients to be housed.

“living thing.” And therein lies the practical idealism.

I can only give you a brief outline of the possibilities of making the hospital just what it should be, to fulfill the requirement of having it a living and a

maximum of work to be done. Unfortunately, up to a few years ago, hospitals were the outcome of ideas evolved direct or in a perpetuated state of something which had already been done. The ideas which had been worked in this scheme

of things have not always been ideal, as some of them were either indifferent or wholly bad.

I am not going into the subject of the relative size of hospitals nor their cost, except to say that there is much need for education along these lines. While I do not, under any circumstances whatever, advocate the expensive hospitals in any sense of the word, still there should be sufficient funds to carry on the work without the necessity of endeavoring to get complete and equipped buildings for less than the bare cost of construction should be for a first-class building.

Because a hospital of large capacity, say 300 to 500 beds, can be built at a roughly estimated cost of \$1,200.00 to \$1,500.00 per bed, or even in some cases as low as \$1,000.00 per bed, as has sometimes been done, this does not necessarily mean that because a hospital contains ten beds or fifty beds or one hundred beds, that it should cost respectively \$10,000.00, \$50,000.00 or \$100,000.00. A hospital containing fifty beds could cost anywhere from \$60,000.00 to \$100,000.00 without being in the least extravagant. There are a multitude of reasons for the variations in cost, such as the proportion of wards to rooms, size of these, economy of plan, the expansion of the first unit of construction wherein has been placed

the service for the succeeding units, either in whole or in part; the present price of labor and material, the necessity of making such buildings absolutely fire-proof, the isolating of each floor from every other floor, of separating the different departments in such manner that there is no confusion and that there will be a minimum of maintenance charge. The same operating department which would be needed in a fifty-bed hospital, practically the same amount of kitchen department and general working department, would be required in a 100-bed hospital or a 200-bed hospital, and so it might be stated for the other items of fixed expense in such buildings from foundation to roof. Moreover, half a hundred different plans could be made for any hospital, each having merit, but it is safe to say that but one or two of these would be practically ideal from every point of view, especially in the economy of construction and in the economy of maintenance, the ease of handling, and the thousand minor details which go to make up the hospital building.

In a hospital which is planned and built without embodying these practical ideas fully and minutely, all is confusion never ceasing in maintenance and service.

84 La Salle street, Chicago, Ill.

Personal.

In Hope Congregational Church, Worcester, Mass., June 28, 1910, Miss Margaret Hogg, Class '07, Elliot City Hospital, Keene, N. H., to Mr. Hall.

At Fort Worth, Texas, May 21, 1910, Miss Laura Bates, graduate of Atlanta, Ga., to Mr. Bettes.

Miss E. M. Shiels, former head nurse at the Hazleton (Pa.) Hospital, to Claude Roth, a prominent attorney of Philadelphia, Pa.

Miss Maude Irene Strobel, former superintendent of Bryn Mawr (Pa.) Hospital, to Dr. Harvey J. Howard, of New York,

The Relation of the Training School to the Hospital Deficit Problem*

CHARLOTTE A. AIKENS.

THE hospital deficit trouble is probably not so frequently met with in its acute form in Canada as in the United States, but it is far from being uncommon, and it is a problem which faces most hospitals at some time in their history. It is often preventable, but, judging by observation, not always so; for just as some children seem to be born with a predisposition to a certain disease or weakness, so, many institutions seem to begin with this unfortunate predisposition to an annual deficit. The reasons for deficits differ, but they can probably be placed in two main classes: faulty planning and construction, and poor business management. A large number of deficits are, or seem to be, due to a mistake in the primary plans or policy of an inexperienced board of managers. The hospital itself comes as the result of a vision—an ideal of service which comes to some man or woman. This vision comes of a desire to do something for those less fortunate, or to help the poor and needy in some practical way. Hence the building is planned mainly to accommodate the poor, or with a very much larger proportion of beds for free patients than for private paying patients—very often with more accommodation for this class

than the needs of the community call for. Free beds are provided, but nothing tangible or adequate to support them, and the result is bound in the very nature of the plans to be a deficit—large or small. This mistake seems to be well-nigh universal, for I have seen it and heard of it in all parts of the country where I have visited. Usually this mistake is corrected in course of time, but the first few months very frequently show only too plainly the blunder that has been made. The way to correct it is much longer in coming, and in the meantime the deficit occurs and often becomes chronic.

A study of the per capita cost per day in a score or more of general hospitals devoted to free and paying patients in the last few years shows that the average cost is somewhere between \$1.50 a day and \$2. In some cases it runs as high as \$2.25 a day for each patient, though this latter figure is exceptional. When we consider the number of patients cared for entirely free of charge, and the large number who pay less than cost, and also remember that endowments are long in coming, it is not difficult to explain the reason why some hospitals have deficits. Mr. Louis R. Curtis, superintendent of St. Luke's Hospital, Chicago, in discussing this question at the Chicago Convention of the American Hospital Association, says: "I venture to say that not more than one-half of the private patients in the average hospital pay the full cost of

Explanatory Note.—The text for this paper was sent to the writer a few months ago by the President of the Chicago Society of Superintendents of Training Schools for Nurses. It contained two questions: Why do most of our hospitals show a deficit at the end of the year? Can the nurses better conditions? The matter contained in this paper is substantially the same as the paper prepared for that society.

*Read at the Convention of the Canadian Hospital Association.

their care, much less add anything to the net income of the institution. It may be accepted as a maxim that no hospital can conduct a private patients' service without loss, where the lowest rate is less than would be charged in an hotel of a corresponding class."

The remedies for deficits need to be studied with each individual hospital in view, but there are certain general principles which apply to a large number. The extension and improvement of the pay patient department, so that that department will not only pay expenses but yield a surplus to be used for the support of non-paying or partial paying patients is one of the remedies for deficits that is meeting with general favor and good results on this side the Atlantic.

Some plan by which municipalities may be induced to pay to private hospital corporations the actual cost of the care of indigent patients instead of a fixed rate of five or seven dollars a week, which is now paid in so many places, will probably be arrived at some time. A better understanding between hospitals in a given city or territory, and a more businesslike policy of charging paying ward patients the average actual cost will also help in reducing the deficit. Other remedies will readily suggest themselves to those familiar with hospital problems.

There is, however, a very definite relation between the training school and the size of the deficit, for the daily routine of a hospital affords large opportunities for waste. Probably every school has spasmodic and periodic lectures or talks on the sin of wastefulness. These spasmodic efforts often seem to put a check on waste for a brief season, but no such

methods alone will ever effectually control the problem. In the small hospital the superintendent can usually keep a hand on the distribution of supplies and a watchful eye over their use; but as an institution grows this becomes impossible, and some definite system designed to prevent waste becomes necessary. Various systems have been devised. Any one who desires to establish such a system can easily obtain suggestions based on experience from other hospitals. Miss Lightbourne, trustee-in-charge of the Hospital of the Good Shepherd, Syracuse, a moderate-sized institution of about a hundred and twenty beds, has given permission to refer to the system in use in that hospital. Nothing in the line of special supplies for any ward or department is obtained without requisition on blanks provided for that purpose. These requisitions are filed, the cost is estimated in the office, and each week or month the head nurse is informed of the amount and cost of the supplies she has ordered. With the actual knowledge of what her ward has cost comes the incentive to keep the cost down, and to improve the record month by month. Such a system properly managed will produce good results in any hospital. To know is to control. Real control is never secured except on a basis of actual knowledge. Scolding the nurses, appealing to their consciences, a grudging giving out of supplies that are really needful, or trying to make the one who asks feel guilty will utterly fail to check waste unless there is some method established by which each yard of gauze, each cake of soap, each catheter, each thermometer, each paper of pins, each piece of linen is recorded and charged to the account of somebody who is ac-

ountable for its proper use. Without an account of soiled linen and clean linen going in and out of a ward or department no effective check on waste or extravagant use of linen is possible, for nobody knows just how much was used or was necessary.

As an illustration of the possibilities of economy that are in a hospital ward, I mention an experiment tried in Bellevue Hospital a few years ago, about the time there was such an outcry in New York regarding hospital deficits, and when there was serious danger of some of the hospitals having to curtail their service for lack of funds. At that time Dr. Brannan, president of the Board of Trustees of Bellevue and Allied Hospitals, wrote an open letter, from which the following is quoted: "The attention of the visiting surgeon of one of the divisions of Bellevue Hospital was called about a month ago to the large consumption of gauze in his wards, some 2,100 yards having been used in the previous week. He at once made an investigation, with the result that the next week the amount of gauze consumed was only 1,100 yards, and during the week following that only 610 yards, although the service continued just as active and the patients were cared for fully as well as before."

A great many hospitals are at a disadvantage in this respect, because there are not permanent head nurses in each ward or department. The apparent saving made by putting pupil nurses into executive positions is often more apparent than real, unless the pupil head nurse had been well trained in the promotion of intelligent economy. In a ward or department of twenty patients a saving or waste of even five cents for each patient a day in the handling of

the entire supplies used—light, food, drugs, dressings, utensils, linen, etc.—will make a difference of thirty dollars, a sum which would go far toward paying the salary of the head nurse. Without doubt much more than this amount is wasted day after day for lack of experienced supervision in many hospitals. The periodic changing necessary when the head nurse is still in training, precludes the possibility of the best results in many directions. The pupil nurse always lacks the authority of a permanent head nurse. Even if she is urged, she hesitates to use it, and the incentive which comes from a desire to "make good" in a permanent position is also absent.

The operating room nurse in a hospital with an active service can easily waste or save the amount of her salary every month. The waste in the operating room is, of course, not entirely under the control of the training school, but it is partially so. There seems to be a tremendous difference in the amounts of supplies used in different operating rooms doing the same amount and kind of work. An operating room nurse a few years ago undertook to secure from a number of hospitals figures showing the amounts of certain supplies used. She found that in rubber gloves the amount varied all the way from 12 pairs a month for 252 operations to 300 pairs for 162 operations. In one hospital 80 towels is the average number used for an operation, while another operating room shows but 16 towels used on an average for the same kind of operation. The extravagance in the use of linen in the operating room cannot, of course, all be charged to the nurses, but undoubtedly much of it can, and the head nurse can do a good deal to check it if she is so

inclined. The costly equipment of the modern operating room and general surroundings tends to extravagance, and the nurses often unwittingly and unintelligently, rather than intentionally acquire the habit of lavish or extravagant use of linen and supplies. Gauze is so common they think it must be cheap; rubber gloves likewise. They know no more of the cost of ligature materials than an infant, so it is not surprising that when entrusted to handle such supplies they cut the sutures and ligatures half as long again as is necessary, and are blissfully unconscious as to the value of the ends which they sweep up after the operation is over. A systematic course of lectures on hospital economy, starting at the very beginning of a pupil nurse's course, and given periodically two or three times a year to the different classes, would help a good deal in securing intelligent economy and the co-operation of the majority in efforts to prevent waste. Ignorance as to the cost of supplies, as to how waste occurs, every-day general ignorance of values, and the lack of a feeling of responsibility on the part of internes, head nurses and pupil nurses, is responsible for much of the waste which we periodically discuss and deplore. Ignorance is always costly, and especially is this true of hospital work.

Some methods of checking waste which are in use in the Massachusetts General Hospital have been described by the present and former superintendent. It is stated that in the operating room a slip is made out after each operation and turned in to the proper authority, giving the name of the operator, number of sponges taken in to that operation, the number opened, the number used, the amount of catgut opened

and the amount used, the number of towels and various other details. With this information in hand it is easy to compare amounts used by different operators, and to check waste, because accurate facts are at hand to use.

Two of the main sources of waste are surgical gauze and food supplies. The system of saving gauze and washing and resterilizing it for use you are probably familiar with. After the adoption of that system it is stated by the superintendent that: "In the first eight months of 1904 we used over one hundred and forty miles of new gauze three feet wide. In the first eight months after the adoption of the system we used only 51 miles," and a saving of \$3,000 in those months was effected.

Regarding the system of preventing waste of food supplies, an assistant superintendent says: "The tendency of most nurses is to put too much food on patients' trays, sometimes because they do not want to be bothered by serving more food if called for, or because they do not realize that sick people do not eat as much as healthy laborers. We try to have as many wards as possible visited at mealtimes by the dietitian, the assistant superintendents of nurses and by assistant resident physicians. Head nurses are, of course, expected to watch the serving carefully. The result is that meals are more attractively served and unnecessary waste is kept down."

In that hospital also a systematic inspection of the contents of scrap pails is made, which results in the discovery of safety pins, rubber dam, knives, forks and spoons which, through the carelessness of somebody, have found their way into the waste pail to be burned. We could all add to this list, I am sure. The plan of a systematic inspection of

garbage is one that is not commonly followed, judging by experience and observation; but the experience of this hospital shows that it pays well for the time it costs. If the scrap pails are all numbered it is easy to locate the head nurse whose business it is, or should be, to prevent waste.

A good deal of misconception exists as to the actual cost of the training school, or of training each nurse, and, as a matter of fact, we have very little accurate knowledge of the cost. The Worcester City Hospital, a few years ago, engaged an auditing company to establish a system of accounting which would make it possible to tell exactly what it cost to operate the different departments. They found the cost to the hospital of each nurse per day was, in 1908, \$1.06, and \$1.08 the year before, or about \$1.165 for the three years' course. Whether this is about the average cost in hospitals as a whole I do not know, but it costs more to train a nurse properly than it did ten years ago, and the probabilities are that the cost is not going to grow less. The training school that is properly housed, equipped, manned, organized and supervised costs something, and the training school which does not cost much in time, effort, or money is not worth much. I am fully convinced, however, that as

our methods of instructing and supervising nurses and systematizing our general work improve, as we gain more accurate knowledge of what our methods, whether good or bad, cost, we shall come to a realization that there is a very close relation between our training school and our training methods and the size of the annual deficit. As we grow in wisdom and knowledge we shall endeavor more earnestly to save from the scrap pails and the junk heap, in order that we may have more money to spend for paid instructors and supervisors and general improvements. Thus far we have not seen fit to include in our curriculum a course in fact, nor one in practical methods of economy—though we readily concede that both of these subjects are of very great importance in successful hospital management. Perhaps in the future we shall be wiser. We shall find out yet many secrets in the line of economy in the daily routine. We shall save on the one hand that we may have more money to spend for practical improvements on the other. We shall make it possible for every nurse superintendent to have a course in practical institutional management before she assumes charge of a hospital or training school, and we shall turn out more economical, more widely intelligent nurses from our schools.

The Dose of Codeine.

Fraenkel (*Munch. Med. Woch.*) claims that codeine must be given in larger doses than is generally used in order that the full effect may be obtained, as codeine is from ten to twenty times less powerful than morphine. The proper dose should be two-thirds or three-fourths grain, and this amount may be given three or four times a day without any evidence of habit formation. The single maxi-

mum dose permissible is one and one-half grains and maximum daily dose is four and one-half grains. For children the daily dose may be as follows:

4 years of age.....	1-6 grain.
6 years of age.....	1-3 grain.
8 years of age.....	2-3 grain
12 years of age.....	1 1-4 grain

Meyer Brothers Druggist, July, 1910.

The Important Part of the Nurse in the Prevention and Treatment of Vulvovaginitis in Children

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IT is conceded by all observers that no disease of children is more rapidly contagious, more obstinate to check, or more refractory to treatment than gonococcus vulvo-vaginitis. The responsible role of the nurse in this dreaded disease is one of great importance, and the various modes of infection should be known to every well-trained nurse.

No more forcible statement could be made than to mention that the average duration of these cases is several months and often years, during which time the child is a constant menace to all who come in contact with her.

This infection in children is by no means limited to dispensary and hospital patients, nor even to children of the tenements, but may be met with in children living under ideal hygienic surroundings, where least expected.

It is readily recognized in the recent case by the yellow or yellow-greenish creamy pus in and about the vulva. This discharge later becomes thin and mucus-like in character and much less in quantity. This mucus-like discharge may become so small in amount as not to stain the child's underclothing, but still may be highly contagious and continue so for a long period of time.

The introduction of bacteriological examination of secretions from the vagina of all little children as a routine measure before admission to any hospital, day

nursery, foundling home or kindergarten has brought to light within recent years the surprising prevalence of this disease in children under ten years of age.

MODE OF INFECTION.

The various modes of infection of this highly contagious disease are almost numberless. Almost every article entering into the equipment of the hospital, orphanage, asylum or other public institution, has been accused as the agent of infection.

Cases occurring outside of institutions are generally infected by the mother, less often by the father, sister, brother or some other inmate of the house. Often the child has shared the bed of an infected adult, or has been bathed with the same sponge, towel or wash cloth. The mother's and nurse's fingers are often conveyers of the infection.

In tracing a case of this rapid infection many investigators both in Germany and in this country have taken great pains to find the common source of contagion.

Before going into the ways and means to combat this prevalent disease, it is well to enumerate in a practical way a few of the characteristics of its cause, i. e., the gonococcus. Experiments have shown that this organism is killed by dryness and by any temperature above 50 de. C., or 122 deg. F. Gonorrheal pus, which has been fully dried, contains no living germs; and on all bed linen, towels, etc., where drying took

place slowly, germs lived but a few hours. On the other hand, the germs can live a great many hours (24 to 60) in warmth and moisture. Having these essential facts in mind, the necessity of regarding all objects retaining any degree of dampness or warmth coming in contact with patients should be naturally regarded as modes of infection. To mention a few of the more important factors, i. e., seats of water closets, bathtubs, towels, sponges, night clothes, clinical thermometers, diapers bed linen, and most important of all, the fingers of the nurse.

In many hospitals where infected children are isolated special nurses are assigned to them by day only, while the night nurse cares for uninfected cases as well as those infected. This latter mode of infection has been traced to many cases by Dr. Holt. In institutions where children sleep two or more in a bed, or are bathed in the same water, infection is not hard to trace.

PROPHYLAXIS.

Admission of Female Children —

Parents desiring to admit children to institutions frequently bathe the child before applying. In this way a discharge may be overlooked. The child may also have a discharge so slight in amount as to be impossible to note on visual examination. All female children applying for admission to any institution should be placed in an isolation ward for a period of not less than three days, and at least two microscopical examinations of the vaginal secretion be negative before she is placed with other children.

Isolation—This must be prompt. The quarantine to extend to both nurses and attendants. Not only the day nurse, but the night nurse as well should be separate. The duration of quarantine

is a difficult problem. To be safe I should advise a complete quarantine after all inflammation has subsided and all discharge ceased, to be continued for three weeks after a third negative bacteriological examination of the secretions.

Laundry—No sheets, bed linen, napkins, night clothes, or any clothing from infected children should go into the general laundry of the institution or home. These articles after removal should be thrown into a strong disinfectant solution and should be washed separately.

Bathing—The bathtub is a frequent mode of infection, therefore, during an epidemic tub bathing should be forbidden. A spray bath on a marble or porcelain slab, with a proper angle for drainage, is the ideal method of bathing, such as that recently installed in the Presbyterian Hospital, New York City. (See illustration.)

Sponges should never be used in bathing. Wash cloths should not be used about the buttocks and genitals, but only sterilized gauze or absorbent cotton, which can be destroyed by burning. Separate towels, frequently sterilized, are absolutely necessary.

Nurse's Hands—The nurse's hands should be carefully washed in a disinfectant solution after bathing or changing napkins of each and every child. Not only on account of the danger to herself but also because she may spread the disease in cleansing mouths or in handling feeding apparatus.

DISTRICT NURSING

In district nursing connected with the Vanderbilt Clinic we have, in the effort to instruct mothers regarding this disease, given to each one a copy of the following directions:

1. This is a local contagious disease

which requires treatment until the physician pronounces the child cured. It sometimes persists for many months.

2. To avoid infecting other members of the family, always wash the hands thoroughly before and after treatment and after bathing of the parts. The discharge, if carried to the eyes, may cause blindness.

3. The child should sleep alone. Be sure that no one uses any toilet articles, towels, napkins or wash cloths used by the patient. All napkins, sheets, under-clothing, towels and wash cloths should be either boiled or immersed in a solution of creolin (one tablespoonful to a gallon of water) before washing. Bathtubs,

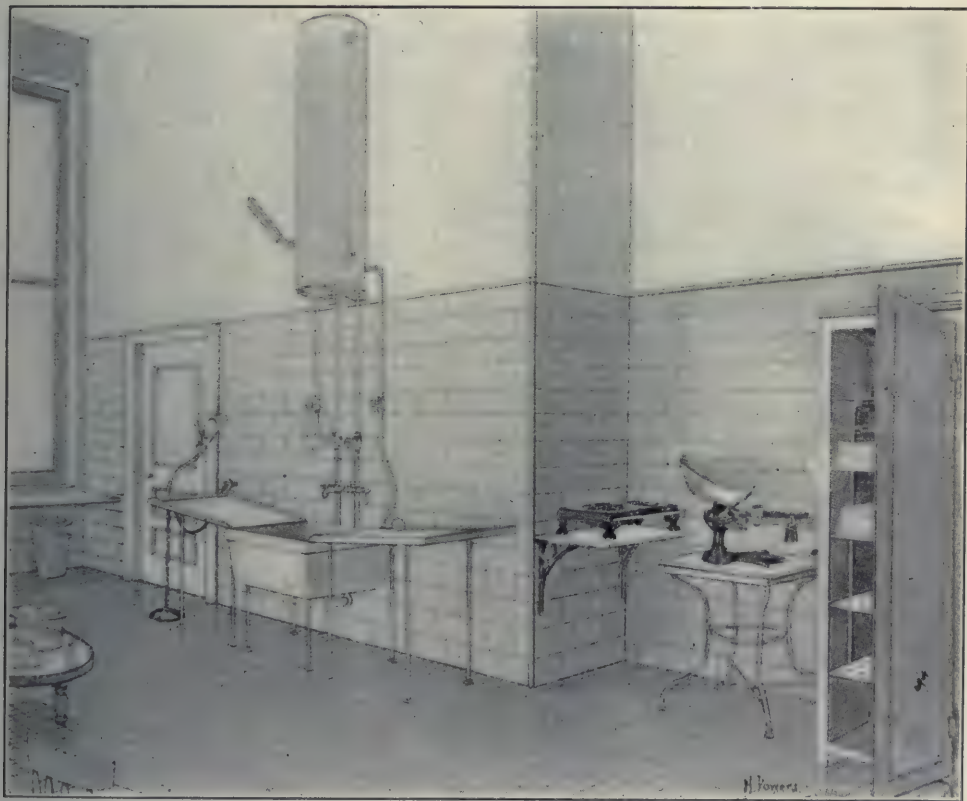
basins and everything else coming in contact with the patient should also be washed with this solution.

4. It is advisable that all children with this disease should wear a napkin or pad, which should be changed daily.

5. Parents are cautioned not to allow the child to mingle intimately with other little girls. She should not attend school or day nursery lest other children become infected.

6. Cleanse the parts externally at least four times daily with a solution of borax or boric acid crystals, one teaspoonful to a pint of boiled water.

125 West 76th street, New York.



THE BABIES' BATH ROOM, SHOWING COMPLETE EQUIPMENT, PRESBYTERIAN HOSPITAL, NEW YORK CITY.

Nursing Infectious Disease

ANNIE E. HUTCHISON.

OTHER things being equal, the care of a patient suffering from a contagious disease, including, as it must, the hardships of a period of isolation and more or less personal risk, demands considerably more self-sacrifice on the part of the private nurse than the nursing of the ordinary non-infectious cases. This, however, is not to be regarded as the chief reason why so many private nurses refuse to take contagious cases, or accept them with visible reluctance. One reason, and an influential one, is that, notwithstanding the higher price per week that may be charged—and this is not always practicable—the nursing of a contagious disease may not infrequently mean actual decrease of income to the nurse on account of the quarantine and the necessity of refusing other cases. As far as the writer's experience goes, most nurses accept personal risk with a ready cheerfulness fully in keeping with the character of that wonderful personage, seen chiefly in print and the imagination, the ideal nurse; yet in the ranks of those steadily engaged in private nursing very few slight financial considerations, because very few can afford to do so. A very considerable number of nurses avoid contagious diseases, and feel justified in refusing them simply because of lack of experience in the nursing of such, their training in this regard having been chiefly or wholly theoretical. And where the hospital offers no opportunity for practical experience in this branch of nursing, the theoretical knowledge regarding it that the graduate carries away

with her very often leaves a good deal to be desired, probably because such instruction was more or less perfunctory, or because as a pupil nurse the necessity for such knowledge appealed to her chiefly for examination purposes. Certainly, some otherwise very excellent nurses possess astonishingly hazy ideas regarding the special care demanded in nursing some of the more common infectious diseases, such as measles, scarlet fever or diphtheria.

Upon entering a private home to take charge of a patient suffering from a contagious disease the complete isolation of the patient is usually the first thing that the nurse must consider and arrange. In the case of a contagious disease the choice of room to be occupied by patient and nurse will frequently devolve upon the nurse, in which case she must be careful to choose the one best adapted to serve as a sick room and for the purposes of isolation. A room, or where possible, two rooms, should be chosen at the top of the house and in a situation as convenient as possible to the bathroom. Sometimes the whole top floor can be placed at the disposal of patient and nurse, and if the disease is of a malignant type this is by far the best arrangement to make, as the isolation in such a case can be much more perfectly carried out and the danger of the infection spreading elsewhere greatly minimized. It will also prove a convenient and comfortable arrangement for the nurse, who, in this case, can have a room for herself near to that of the patient and shut up the remain-

ing rooms. Prepare the room selected for the patient by removing carpet, curtains or other drapery, pictures, ornaments and superfluous furniture, retaining in the sick room only as much plain furniture as will be required for actual use. Have the aspect of the sick room as pleasant as may be consistent with the demands of the special case, always bearing in mind that the fewer superfluous articles retained the less work it will involve and the less danger of the infection spreading. If the patient is changed from one room to another it is usually advisable that the mattress and bedding that have already been used and infected be taken for use in the isolation room, and the room that the patient leaves should be at once thoroughly fumigated. Before the nurse goes into quarantine she must not forget to select and have taken to the isolation quarters all the various articles that she knows she will require during the period of isolation. These will include bedding, clothing for patient, towels, disinfectants, soap, broom, dust pan, pail, whisk, a tub, for the purpose of soaking infected clothes, wash bowl, dishpan and all the dishes and utensils that she is likely to need. Where the nurse and patient occupy the whole of a flat, or where a conveniently situated bathroom can be set aside for their sole use, the bath tub can be utilized for soaking the infected clothes, and is most convenient and satisfactory; but where this is not the case a light zinc tub, which is easily handled, is well suited for the purpose. When the patient and nurse go into quarantine a sheet is hung across the patient's door, so as to completely cover the doorway, and this is to be kept moist with a disinfectant solution, conveniently accomplished by

frequent sprinklings with an ordinary whisk dipped into the solution. When an upper flat is to be totally isolated from the rest of the house, the opening of the stairway should also be curtained off with sheets treated in the same way with disinfectant. Various disinfectant solutions are used for this purpose, a solution of carbolic acid being probably the one most favored. The carbolic solution is sometimes used of 1 in 100 strength, or even weaker, but a 1-20 solution is very frequently preferred. A solution of formalin is favored by some. Formalin is an aqueous solution of formaldehyde, containing 40 per cent formaldehyde gas. It is a powerful disinfectant, but if used very freely as a disinfectant in the sick room its fumes will prove too irritating to the mucous membranes, and it should, therefore, be used with caution where one must inhale the vapor. While the doctor may give explicit orders regarding the disinfectant he prefers and the means to be employed to prevent the spread of the infection, quite often, especially in the milder infectious cases, the nurse is expected to use her own knowledge and take all necessary precautions without waiting for instructions. All infected clothing, such as sheets, pillow cases, patient's gown, handkerchiefs, towels, etc., when removed should be at once immersed in a disinfectant solution, carbolic acid 1-20, or a 1 per cent formaldehyde solution being commonly used for this purpose. Where quarantine is confined to one room the tub containing the disinfectant is placed in the patient's room and soiled articles immersed as soon as removed. They should be allowed to remain in the disinfectant for at least four hours, and it is a common practise to leave them over night or

for a full twenty-four hours. Before sweeping the floor of the sick room it should be sprinkled with disinfectant solution to prevent the dust rising, and afterward dusted with cloths dampened with disinfectant. The sweepings should be rolled up in paper and sent down to be burned, and the cloths used should either be burned or soaked in disinfectant. All dishes used by the patient should be kept strictly for his own use, and are washed by the nurse and kept upstairs. Separate dishes are also kept for the nurse's own use and may be kept upstairs, or, in some circumstances, may be sent down after being disinfected. In regard to the best places to keep the various utensils, dishes, medicines, etc., the nurse will in each case decide for herself, according to the conveniences afforded by the quarters at her disposal. When the bathroom can be used for this purpose all disinfectants and poisons are conveniently kept there, and medicines, glasses, etc., used for the patient may be kept on a small table in the sick room and covered with a clean towel.

In caring for a patient suffering from an infectious disease the nurse must disinfect all excreta, all utensils used, and be careful that nothing goes from the sick room without having been thoroughly disinfected. All waste sent down to be burned should be rolled up in paper and dampened with disinfectant solution. The nurse must not mingle with the rest of the household, but should keep at some distance when necessary to hold communication with those downstairs who attend to her requirements. When the upper flat is shut off articles sent up may be left on the stairway to be afterward removed by the nurse, and things that must be sent

downstairs may, after disinfection, be placed on the stairway, to be removed when the nurse has left the hall. In all serious cases of an infectious nature it is necessary for the nurse to have an assistant share the quarantine with her, not necessarily another nurse in every case, but at least some reliable person who can assist or relieve her as required. The nurse should, if possible, take a daily walk in the open air, for which she must wear outside clothing that has not been exposed to infection. She should always thoroughly wash and disinfect her hands each time after touching the patient or the bed, and before eating. A long gown is kept outside the sick room for the doctor to put on before seeing the patient. The nurse must see that warm water, soap, towels and disinfectant solution are provided in the bathroom, or wherever the most desirable, so that the doctor can disinfect his hands before going downstairs. No visitors are allowed as long as quarantine lasts, unless, as sometimes happens in urgent circumstances, special permission is granted by the physician, in which case the visitor must take all precautions advised and submit to disinfection as considered necessary by the doctor in individual circumstances.

Free ventilation of the sick room is most important. It is the first requisite for disinfecting the room while occupied by patient. The nurse must contrive to secure free ventilation without allowing a direct draught upon the patient. Screens, if not on hand, may be readily improvised and should be used to protect bed where windows are so situated as to make this necessary.

When permission is given to leave quarantine the nurse prepares for the complete disinfection of the patient, her-

self, and the infected room or rooms. The patient is given a thorough bath of hot water and soap, hair being also washed, and this is followed by a bath of mercury bichlorid, 1-5000 (in certain cases a stronger solution may be ordered), or other disinfectant bath as ordered by the physician. After bath the patient is immediately wrapped in clean sheet or blanket and goes to another room, previously prepared, and provided with clean clothing. The nurse then prepares the sick room and any other infected apartments for fumigation. All utensils, dishes, etc., are washed in disinfectant solution. All infected linen is put to soak in a 1-20 acid carbolie solution—mattress, pillows and blankets are removed and placed so that fumes of disinfectant can find easy access to all parts. All drawers, closets or cupboards in room are left open, so that disinfecting fumes can enter, and everything arranged to facilitate disinfection. Cracks around doors and windows are sealed up to prevent escape of fumes. In some places a health officer is sent to attend the fumigation, but in places where this is not the case the nurse may have to look after it personally, or at least give advice and lend assistance. Rooms may be disinfected with sulphur dioxide or formaldehyde gas. The latter, if available, is the easier method and is frequently preferred. Formaldehyde gas may be generated from formalin tablets burned in a lamp for the purpose, or by the evaporation of formalin, four or five ounces being allowed for 1,000 cubic feet of room space. Evaporation may be effected by heating in vessel placed over a spirit lamp, or it is sometimes done by sprinkling the formalin over sheets hung up in the apartment. There is also an apparatus for generating the

gas and forcing it into the room, and while this is to be preferred, it is very often not available. Formaldehyde gas does not tarnish or bleach articles, as sulphur fumes do. If sulphur dioxide gas is to be used for fumigating, sulphur candles prepared for the purpose may be used, or the gas may be produced by the burning of ordinary sulphur, which has the advantage of being very cheap and easily procured. Four pounds of sulphur are allowed for every 1,000 cubic feet of space, and it may be placed in a pan which is set upon several bricks in a tub containing enough water to cover them, the water being provided to avoid danger of fire from the burning sulphur. A liberal quantity of alcohol is then poured over the sulphur, and at the last moment before leaving the room a lighted match is applied, great care being necessary to stand well back from pan and to avoid inhaling the sudden rise of fumes. After exit the door is sealed and room left for twenty-four hours. It is necessary to exercise great care in entering a room after fumigation and in sealing the windows when preparing for fumigation, if none can be approached and opened from the outside, one window should be left in such a way as to be very readily opened. When entering to open the window, the person doing so should take the precaution of covering mouth and nose with a damp towel, and should pass in and out again as speedily as possible. Before leaving quarantine the nurse must thoroughly disinfect herself, taking a disinfectant bath, washing hair in disinfectant solution and putting on clean clothes in another apartment. All her clothing and outfit exposed to infection are left behind, washable articles immersed in disinfectant solution and other things to be fumigated.

Lessons in Chemistry for Nurses

MINNIE GOODNOW.

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LESSON II.

Elements. There are in the world about two hundred and fifty thousand different substances. These, in varying forms and combinations, compose all the things of which we have any knowledge.

When we trace these numerous substances back to their origin, and break them up into their component parts, we find that there are but seventy-eight different kinds of matter. There may be fewer than this, but we have not yet been able to ascertain.

These seventy-eight are absolutely simple substances, which cannot be divided into anything simpler. They are called *elements*.

An element is a chemically simple substance, from which nothing else can be extracted.

Substances which contain more than one element are called *compounds*. A chemical compound is held together by a force which we call *chemical affinity*.

In the iron and sulphur experiment cited above, we had at first a simple mechanical mixture, which upon heating became a chemical compound. The process was as follows: Each molecule of iron contains a fixed number of atoms; each molecule of sulphur likewise. The application of heat broke up the molecules of each substance into their atoms. An exchange of atoms took place, and we had formed a new set of molecules, each containing atoms of iron and atoms of sulphur, held together by chemical affinity. These new molecules were iron

sulphide, a substance quite unlike either of its original elements.

The same thing happens whenever a chemical change takes place. Most of such changes are far more complicated than the example given.

(We find, incidentally, that heat and moisture, or both, are necessary for the production of a chemical change.)

The putting together of elements to form compounds is called *synthesis*. Note later the so-called "synthetic" compounds.

The breaking up of compounds into the elements which compose them is called *analysis*.*

There are, it has been said, seventy-eight elements. These have very different properties, both physical and chemical. For the sake of simplicity, we designate each element by an abbreviation, called a symbol, in some cases a single letter. A part of these abbreviations are from the Latin name of the element. The following is a list of some of the more common elements with their symbols:

(It will be noted that some of the elements are gases and a few are liquids, but that most of them are solids.)

* A chemical analysis of the human body results in some interesting disclosures. We are told that the normal, healthy man who weighs one hundred and fifty pounds is the exact equivalent, chemically speaking, of one thousand hens' eggs. He consists of over thirty-eight quarts of water, which makes up over half his weight; sixty lumps of sugar, twenty spoonfuls of salt, iron enough for seven spikes, two pounds of lime, thirty-five hundred cubic feet of gas, oxygen, hydrogen and nitrogen; over twenty pounds of carbon, or enough for about ten thousand lead pencils; phosphorus enough for about eight hundred thousand matches, and starch, sulphur, chloride of potash and hydrochloric acid in lesser quantities.

Al—Aluminum.
 Sb—Antimony (stibium).
 As—Arsenic.
 Bi—Bismuth.
 B—Boron.
 Br—Bromine.
 Ca—Calcium.
 C—Carbon.
 Cl—Chlorine.
 Cu—Copper (cuprum).
 Au—Gold (aurum).
 H—Hydrogen.
 I—Iodine.
 Fe—Iron (ferrum).
 Pb—Lead (plumbum).
 Li—Lithium.
 Mg—Magnesium.
 Mn—Manganese.
 Hg—Mercury (hydrargyrum).
 Ni—Nickel.
 N—Nitrogen.
 O—Oxygen.
 P—Phosphorus.
 Pt—Platinum.
 K—Potassium (kalium).
 Ag—Silver (argentum).
 Na—Sodium (natrium).
 Sr—Strontium.
 S—Sulphur.
 Sn—Tin (stannum).
 Zn—Zinc.

Compounds are indicated by writing together the symbols of the elements which compose them. For example, common salt—sodium chloride—is a compound of sodium and chlorine; its formula is NaCl. This formula also tells us that the molecule of salt contains two atoms, one of each element. When a molecule contains more than one atom of a kind we write the symbol with a small figure below and to the right. For example, water is H_2O , each molecule containing three atoms, two of hydrogen and one of oxygen. Ammonia is N H_3 , four atoms, one of nitrogen and three of hydrogen.

Equations. An expression of the changes taking place when a chemical reaction occurs is called a *chemical equation*. It is put into the usual form of equation and indicates an addition or exchange. For example:

Iron and sulphur make iron sulphide.

Fe plus S equals FeS.

Zinc and hydrochloric acid make zinc chloride and hydrogen.

Zn plus HCl equals ZnCl plus H.

In experiment No. 3, lesson 1, the reaction is as follows:

Sodium chloride (common salt) and silver nitrate make sodium nitrate and silver chloride.*

$\text{NaCl plus AgNO}_3 = \text{NaNO}_3 \text{ plus AgCl.}$

Laws Governing Chemical Reactions.

Elements do not combine with one another in any indefinite or uncertain way, but always in exact proportion by weight, according to a fixed law. This is called the *Law of Constant Proportions*.

Elements may, however, combine with each other in more than one proportion. These varying quantities are found to be exact multiples of the smallest amount that can enter into combination. The rule which governs this is called the *Law of Multiple Proportions*.

(This law should be kept in mind particularly in studying the organic compounds.)

Law of the Conservation of Matter.

The total weight of matter resulting from a combination or decomposition is always equal to the sum of the weights of all substances taking part in the reaction.

This means that there is just so much matter in the universe, and that no changes of any sort can affect the amount of each element. There is now in the world no more and no less iron than there was ten thousand years ago.

* Nomenclature. The various compounds occurring with different proportions of the same elements are distinguished by names which suggest their composition. For example, CO is carbon monoxide, CO_2 carbon di-oxide. H_2O (water) is hydrogen monoxide, H_2O_2 hydrogen peroxide. HgCl (calomel) is mercurous chloride, HgCl_2 (corrosive sublimate) is mercuric chloride or bichloride of mercury.

There is not a grain more or less of silver on our planet than there was in the days of Noah; neither is there more nor less oxygen or hydrogen. The *number* of compounds may be more or less, and the amount of each *compound* may be very different from what it was a year or a century ago, but the entire quantity of each element remains eternally the same. We cannot destroy any element, nor can we create the smallest portion of one. Compounds we may make or destroy, as we possess the requisite

means or knowledge, but the final elements are beyond man's control.

To a casual observer this law seems not always to hold good; for example, in the burning of a candle matter seems actually to disappear. Exact experiments, however, prove that the gases which pass into the air in the process of combustion are, with the ash which is left, equal to the weight of the original substance plus the amount of oxygen consumed from the air in the process. (See Chemistry of Flame, Lesson VI.)

A Few Points About the Care of Sick Children

There is no cry in babyhood without significance. It is very often the nurse's business to find out the cause. In colic or griping abdominal pains the cry is passionate; in exhaustion, it is a weak, pitiful whine. Other conditions cause different cries. Study the character of the cry in babies in general.

A binder which apparently fitted a baby properly before a meal may be too tight afterward, and be the cause of discomfort.

An obstruction in the nose which necessitates a baby breathing through its mouth may interfere with nursing.

In giving milk to young children much care is needed to prevent them from gulping it down too rapidly. In such cases it is apt to form into a tough indigestible curd and cause rise of temperature and discomfort.

In giving medicine to children, especially those who have not been trained

to prompt obedience, much difficulty is often encountered. Fortunately most drugs nowadays have their unpleasantness pretty well disguised. A little tactful coaxing will often work wonders. Bribery under such circumstances is forgivable, if anywhere. If it is very important that the child get the medicine, some novel scheme may be employed. One nurse made a story or play about every dose. The boy was given paper money under his pillow to pay for an imaginary soft drink, and the nurse played she was the druggist running a soft drink stand when she was fixing the medicine. It worked like a charm.

In another case the bribes were put up in the form of prize packages. They were cheap trifles or toys done up in fancy paper—one to be drawn after each dose. The curiosity of the child to know what was in the prize package was quite sufficient to accomplish the desired end to the surprise of the parents, who expected a prolonged fuss.

A few goldfish in the sick room are

quite a source of interest in a tardy or prolonged convalescence.

In feeding children or giving nourishment, vary the monotony as much as possible. Ingenuity will work wonders in getting a good meal taken in spite of a sluggish appetite.

This may occur from the child being overtired or excited by talking, visitors, or games that were too exciting. It may occur because the diet was too stimulating, or the bowels sluggish, or the use of too many dainties. Indulgence in candy too freely has caused restlessness and intense nervousness even in adult



GRADUATING CLASS, 1910, WHITE HOSPITAL, RAVENNA, OHIO.

For the removal of eczema crusts from the head a poultice of common laundry starch, made quite stiff and applied quite warm, will often effect the desired result in twelve to twenty-four hours.

It frequently happens that nervous irritability increases during convalescence.

patients. The strength of a child is not easy to estimate, and it is better to practice great moderation in the time allowed for sitting up till it is safe. After tonsillitis, though, it is often regarded as a minor illness. There is great prostration of strength, though the illness lasts but a few days.

Editorially Speaking

The Coming Hospital Convention

THERE is but one hospital convention each year in the United States. Therefore if you miss it, you have to wait a whole year before getting a chance to get in touch with hospital workers from near and far, and profiting by the inspiration possible only through contact with the best workers in the hospital field. This year the American Hospital Association meets in St. Louis, Mo., September 20-23. It is the first time the convention has gone to the Southwest, that rapidly growing section of this country that opens up such immense possibilities along the line of hospital development.

There are a lot of reasons which might be given why, if you are interested in institutional work, you should make a great effort to attend this convention. Especially should those in the Central West and Southwest plan to attend. There are, as we remarked, many things which might be said about why you should go to conventions, but everybody has said them, so we will not take time to repeat what you know so well.

There is to be a round-table conference of women hospital workers this year, we understand the first of its kind. If you are a woman hospital worker, you of course want to have this first distinctly "woman's session" a great success. Go ready to take part in the conference. Bring to it any particularly "knotty" problem which you have on hand.

Think over the subjects to be discussed in the different papers and be ready to take some part, if it is no more than to ask a question or two. As a matter of fact, few things help along a discussion more than good practical questions. Practice being a "walking interrogation point" at sessions and between times. That is one of the best ways of getting the most possible out of conventions.

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America's Registration Policy

THAT the nurse registration policy as worked out in American laws has proven unpopular, not only to the large proportion of nurses, but to a still larger proportion of physicians and to the general public, needs no special argument. Many of those who were foremost in the work of securing some of the present registration laws frankly concede the fact, and admit their perplexity as to what to do next. They cannot point you to one law out of the twenty-three or twenty-four which we have that has worked satisfactorily nor fulfilled or even approached fulfillment of even the most moderate expectations of its promoters. The demand for less highly trained and cheaper nurses has increased each succeeding year since registration laws have been in force, notably in New York State, where it has all along been most insistent. Correspondingly with the demand, short course and correspondence schools of nursing have increased. The advocates of present registration laws

have led, or tried to lead us to believe, that once such a law was passed the "graduates" of these classes of schools would hide their heads in shame and promptly seek some other field of labor.

When forced to admit that not only the demand, but the supply of this class of nurses is steadily on the increase in registration States, one of the self-appointed leaders consolingly reminds nurses that in spite of rigid registration laws in the medical profession quacks are very numerous. She conveniently forgets in making her comparison with the medical profession that the "quack" doctor must take the very same studies and pass the very same examinations as the physician who has reached the top of the professional ladder; that whether he elects to be a "quack" or not, he must be registered before he is allowed to practice the art of healing. This is only an example of the superficial and misleading logic which has been used to confuse and delude nurses into an acceptance of present registration policies.

The whole system of registration of nurses, as we have it in America, is undemocratic and un-American. It was conceived in England, where the extreme social and class distinctions rejected by the founders of our republic still hold sway. It provides for an aristocracy in nursing and ignores "the common people" who are the backbone of our republic. The very system which we have, which had its birth in England, has been continuously rejected by that country for more than a score of years, though the recent bills which have been presented to the English legislature are an improvement in many respects over any registration laws in existence in America.

The principal of registration as a

means to discrimination and protection is right, but no registration law which is designed to include less than one-tenth of those practicing the art will ever protect the people. If it doesn't protect the public it is class legislation and unjustifiable.

It may seem as "the voice of one crying in the wilderness" to insist and keep on insisting that every woman (or man) who practices the art of nursing for wages should be registered in some class, and should be required to know something definite about nursing before being allowed to enter the nursing ranks to earn a living by service in the sickroom. Yet the experience of the past six or seven years with registration laws and profound impartial study given to the question by some of the brightest minds in the medical and nursing world, has clearly shown that no halfway, selfish, monopolistic measure will succeed. In the beginning three, or perhaps four, grades would seem to be necessary in order that no injustice be done to any class of practitioners. Later on three grades should be sufficient.

To be sure the registering of three grades of nurses will upset the little plan conceived by the originators of the present registration system of tacking the R. N. to the name of the nurse who had registered, in lieu of an academic degree; but the custom never had any justification. We would smile if we saw the letters R. T. after the name of a registered school teacher, or R. H. after a registered horseshoer. Yet there is precisely the same justification for these appendages in the cases of teachers, barbers, plumbers and horseshoers as there is in the nursing field.

In years to come we shall see more

clearly our stupidity in providing for registration and supervision of those nurses who least need supervision, while we have allowed the great wide nursing field to be invaded by any one and every one, however ignorant, who chooses to don a uniform and style herself "nurse."



How Far is the Nurse Responsible

MUCH is being said and written at the present time regarding the so-called "black plague" and the "social evil." Nurses are being urged to join the ranks of reformers and assume the responsibility, or at least share it, of educating the public in this matter. In fact one prominent nurse who is much interested in the subject has gone so far as to urge that each nurse take at least one young man of her acquaintance and instruct him on these lines.

We are told that perhaps eighty per cent of the major gynecological operations are due to gonorrheal infection, and that the great majority of these patients received the infection from their husbands. Whether or not the figures given are true we have no means of knowing, but granted that they are true, what can we do about it? Is the nurse to tell the patients whom she nurses, to what, or to whom their diseases are due? And what will be the result when she has told it? Or is she to tell every other woman that she is to suspect every man of venereal disease and refuse to marry any one she suspects? How much is likely to be accomplished by giving such information? How many women, if they really love the man, will believe him guilty? They are much more likely to put the nurse in the list of meddling busybodies, and distrust her accordingly. Or if they do believe her, how many will

refuse to take the risk? We know of at least two trained nurses who have married patients whom they had nursed through a case of this same so-called "black plague." They took the risk with their eyes wide open because they loved, or thought they loved, the man.

The nurse who enters on a campaign of reform of this kind has a pretty big contract on hand. Without question it is her duty to be intelligently informed about these communicable diseases in order that she may protect herself and others. How far beyond this she is responsible for the abolition of the "social evil" more than one of any other class of women is a pretty big question. After you have discussed its causes and results and given statistics, etc., you come back once more to the ever recurring question, what are we going to do about it? The subject is a sort of fad upon which many women have gone to extremes. They seem to see the "social evil" everywhere, to dream about it, to drag it into every conversation—sometimes by the very hair of the head—for it seemed to have no relation to the subject in hand. The nursing profession has a few of these "professional agitators and promiscuous reformers." They simply have to be reforming something or somebody all the time. Reform is an obsession with them. A while ago it was the hospitals and training schools that had to be reformed. The small hospital must be wiped out. Then it was the almshouses. Now the abolition of the "social evil" is the one chief reform on hand. To say the least, it is a sufficiently large contract to keep one busy for the next few years without touching one other single reform. Would it not be better to entrust this work of reform to physicians who

are in a much better position to deal with it? In the protection of children there might perhaps be occasions where the nurse could be helpful, but it is difficult to see how in hospital or private work the nurse is situated to do much in this sort of reform without getting into ethical difficulties. She can, of course, prevent contagion spreading, and this she undoubtedly will do, but think twice before assuming the role of reformer along the line of the "social evil." It is one that will easily lead nurses into serious difficulties. There are few women more trying to meet than the woman who thinks she has a mission to abolish the "social evil."

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The Civil Hospital, Manila

WE always welcome to our columns fair and intelligent criticism or discussion of any subject, for this is both interesting and profitable. But it is always a matter of regret when we are forced to bring before our readers an unpleasant controversy. Sometimes this is impossible to avoid, as in the present instance when we feel that we must give some explanation regarding the letters in the "Letter Box" of this number which refer to the Civil Hospital at Manila.

In the Spring of 1909, we received a newspaper from Manila which contained an article most severely criticizing the Civil Hospital and those in authority at that institution. The article was marked "for publication," but as we did not know who had sent it, it was not published. A short time after we received a letter for publication, bearing upon the same subject, which was published in our August, 1909, number. This letter was not, as Miss McCalmont so rashly concludes, and so injudiciously states, an anonymous letter, but came to this of-

fice with the name and address of the writer, the only way a letter can be published in this magazine. After the publication of this letter we heard no more of the matter for some months, when we received from Miss McCalmont a most discourteous personal letter, accompanied by a letter for publication, a statement for publication, presumably, from the Bureau of Health, some photographs and, incidentally, a subscription.

Wishing to be perfectly fair, we ignored the discourtesy of the personal letter and published the statement and photographs in May, 1910. The letter for publication was held pending an investigation which we immediately set on foot. Owing to the distance and other difficulties we have been some time in getting a report, but it is now in our possession, and is of such a nature that we most earnestly urge any nurse who is thinking of taking up the civil work in Manila to look into the matter most thoroughly before doing so. For she must remember it is no enviable position to be in a foreign country, seventeen thousand miles from home, perhaps without money, and at the mercy of enemies.

Just previous to receiving our report we received the letter and newspaper comment, which we publish side by side with Miss McCalmont's letter in this number. The writer of the letter has been known to us for a number of years, and can furnish other excellent testimonials as to her standing. Her name is withheld for obvious reasons. The records of our investigations, the original of the newspaper comment, also other newspaper clippings, are to be found in our office. Again we urge nurses to inform themselves on this situation before deciding to take up the work.

The Hospital Review

Important Points in Private Hospitals.

An investigation has recently been made into the conditions existing in sixty private hospitals in and around New York City with a view to determining their provision for the safety and reasonable comfort and well-being of the hospital patients. The special commission appointed by the State Board of Charities to investigate has formulated several resolutions, the substance of which is as follows:

The board rules that it is necessary for safety that no patient shall be retained at public expense in any ward of any hospital, wholly or partly under private control, unless suitable provision be made for each such patient in four particulars which the resolutions plainly state. As this ruling of the board has been communicated to the different hospitals, the board expects that what inadequate facilities were found to exist will be immediately remedied. In fact, in many cases the resolutions have been anticipated by the private hospitals in question and they are now busily engaged in making all necessary alterations and improvements.

The patients must be kept either in a fire-proof building, or in a building whose fire protection facilities have been approved by the board. The buildings must be kept in a sanitary condition, particularly as to plumbing, sinks, baths and other similar appliances. The board is especially emphatic as regards ventilation and overcrowding in institutions that occupy buildings which were not originally erected for hospital purposes, and are thus not well adapted to the needs of the work conducted there.

To assure proper ventilation, the board requires that patients should be kept in wards which provide at least 1,200 cubic feet of air for each bed or its occupant. More beds or occupants than thus provided for will not be permitted unless free and adequate means of ventilation exist, approved by the board, and a

special permit in writing is granted by the board, specifying the number of beds or amount of cubic air space, in no case less than 800 cubic feet. That will be allowed only in extraordinary cases, when the permit is to be conspicuously posted in such wards. In addition, the beds must be at least three feet in width and so arranged that the air underneath shall have circulation and furnish adequate ventilation. The endeavor is to keep the space up to 1,200 cubic feet for each patient, less than that being allowed only where superior means of ventilation exist.

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A New Idea in Hospital Construction.

Probably some of the readers of THE TRAINED NURSE AND HOSPITAL REVIEW have read of the newest development in sanitary house construction, an idea of Edison's, by which moulds are made for constructing the house of reinforced concrete, the moulds to be used over and over again, thus lessening the cost. As the moulds are made in sections there is room for a limited variety in design. The moulded house lessens greatly the cost of a home, and experiments are being carried on by Edison, and a number of houses have been built in and around Baltimore and Washington, particularly with a view to improving the housing of wage earners. It appears also that the same idea is to be utilized in hospital construction.

The new State Hospital at Lima, O., will be unlike any other institution of the kind in the United States and probably in the world, says Popular Mechanics. The buildings, all of which are reinforced concrete, constitute a monolith.

Forms were built for the walls, ceilings, floors and roof and the concrete was poured in, making all one solid piece. The whole comprises what is said to be the largest group of concrete buildings in the country.

The arrangement is the result of a desire to isolate the different sections and at the

same time have them strung together by connecting links. Almost two years were consumed by the Building Commission and the architect in devising the plans.

The buildings surround a rectangular court 250 by 500 feet. Each building, or group of buildings, radiating from this court, is known as a pavilion, and each pavilion has an individual court, used by the patients for exercising and sitting in the open air.

To the rear of the hospital is the power house, which will provide power, light, heat, and water supply. Ultimately detached cottages will surround the monolith.

All conduits for electric wires and telephones and all pipes for heating and water supply are built in the concrete. As far as possible wood has been eliminated, the hinges for doors and the anchors in window jambs for steel window guards being sunk into the concrete.

All of the exterior walls have a brick veneer, an interesting feature in concrete construction. There is nothing in the structural parts of the mass of buildings that will disintegrate, and the whole is considered almost indestructible.



The Hospital and Women Internes.

At the present time an agitation which would appear at least to be based on justice, is going on in New York City with a view to inducing the boards of control of hospitals to cease discriminating against the women graduates in medicine as internes. Prominent in the campaign in behalf of the young women medical graduates are Drs. Mary Hoffman Jones and Maude Glasgow. It is stated that there are but two small hospitals in New York City where women are received and extended the same opportunities as men in completing their course of training and securing experience so desirable in the practice of medicine. In speaking on the injustice of the present situation Dr. Glasgow says:

"Take as one example Bellevue Hospital. Scores of our women medical graduates have made application there to take the examination with the men. In the large new building that this institution is now erecting I understand that no provision has been made to take in women internes.

"Practically all of our hospitals are largely

supported by women, who are among the most liberal contributors to this kind of philanthropy. And, as I have stated, a large percentage of the patients are of the same sex, so the ban placed upon the women physicians by the male boards appears to be all the more unreasonable."

"This barring of women physicians from the opportunity to gain practical experience in the work of our hospitals is terribly unjust. While the prejudice, not only among men, but among women as well, that has been directed against the women who have dared to enter the profession has been decreasing of late years, it has not reached that altruistic stage for which we still hope. I do feel, however, that most of the men who are opposing us are not really conscious that they are not giving us fair treatment in this matter."

"The patients in the city hospitals are, for the greater part, women and children. It does not seem at all unreasonable that competent, although possibly young and more or less inexperienced, women graduates of medical schools should be permitted to attend these kinds of cases. We at least ask that we be permitted to have equal opportunity with the men physicians."

"Under the present conditions the only way that a girl graduate can get a chance to work in a dispensary is possibly through some influence, with a board member. To say the least, such a method is very far from satisfactory to the rank and file of the female graduates. All we ask is just an ordinary display of justice and no favoritism."

That the agitation will be productive of good is probable. If women are to practice medicine they should be allowed the fullest opportunity to increase their efficiency. In a letter relating to the interne question in general one of the most prominent medical men in the country advised a woman superintendent of a hospital to try to secure a woman interne, adding that in his experience he had found them more faithful as a rule than men.

One great difficulty lies in the fact that in most hospitals there is one certain section of the building fitted up for internes, but no provision is made for separate toilet facilities, sitting rooms, etc., for the sexes. So it becomes somewhat a problem in accommoda-

tion at the very start. It does seem, however, that one or more women internes might be accommodated with a little readjustment of existing conditions in the larger hospitals, and for the sake of humanity in general we hope the agitation will succeed.



Mount Hope Hospital.

Mount Hope Hospital, of Huntington, one of the most complete institutions in West Virginia, was thrown open for public inspection with a delightfully arranged reception August 1. Dr. R. E. Vickers, the official head, together with Dr. H. H. C. Solter, and the superintendent, Mrs. Mary A. Morgan, have worked assiduously for months to equip a hospital so perfectly that it would attract the entire tri-State country.

One of the many attractive features is the electric room on the first floor, which is in charge of Dr. H. C. Solter. In it are to be found a beautiful electric bath cabinet, vibrator chair, X-rays, electors, static machine and every other contrivance suited to it.

The laboratory, also on the first floor, is in charge of Dr. Pence, and here all chemical analysis is performed.

The operating room on the third floor is one that must be seen to be appreciated.

The entire apartment is in white, heavily enameled and without a corner or resting place for dust. The floor is of white tile and everything else is steel and glass. The room is lighted by a number of large windows of Florentine glass.

Illustrative of the complete equipment of the institution is the fact that in the back yard Mrs. Morgan, the superintendent, has installed a poultry house and runway, which contain a number of hens noted particularly for their laying ability. These furnish fresh eggs for the patients.

The official staff is: Dr. R. E. Vickers, president; Mrs. Mary Morgan, superintendent; Miss Virginia Woods, head nurse.



Pennsylvania Hospital.

The Pennsylvania Hospital, Philadelphia, has issued its 159th annual report. This, the oldest of our American hospitals, dating back to 1751, is also one of our largest and most complete institutions. Besides the regular

departments found in large, well-organized general hospitals, it has also a department for the insane. In this latter department the high average of 39 per cent of recoveries are reported for the year. It is said to be largely due to the admission of patients in the early stages of mental disease. The report of Dr. John B. Chapin, physician-in-chief and superintendent of this department, is full of interest to all concerned in the welfare and care of such patients. Incidentally Dr. Chapin remarks that the restoration of the general health is one of the most important factors in dealing with patients who are mentally deranged. He says "There are scientific instruments of precision which may record various interesting phenomena, but a Fairbank's scale is one that may properly have a place in the armamentarium of every hospital."



Methodist Hospital.

The Methodist Hospital, Philadelphia, will erect an additional building at a cost of \$45,000. It will be called Bradley Hall, in honor of the president of the Board of Trustees, who has subscribed \$35,000 for the needed improvements. The new building will provide quarters for the superintendent, internes and employes, besides accommodation for fifty additional patients, four large wards—two medical and two surgical—each on two floors. At the end of each ward are new large screen enclosed porches, where the patients may be rolled in their beds to get the necessary fresh air and sunshine from a Southern exposure. On each of these floors is a large diet kitchen fitted with steam oven, with every modern convenience. A recovery room, a quiet room, a surgical dressing room, medical and surgical bathrooms and two lavatories.

On the first or lower floor is to be the free dispensary and clinic. Two admitting rooms, for white and colored patients, then different rooms for medical, surgical, gynecological, and ear, eye, nose and throat treatment. A pharmacy is also to be placed here for the dispensing of prescriptions. At one end of this lower floor is placed the plant which controls the electric fan for ventilating purposes. The air by this means is changed every four minutes.

Miss Ethel Smith is superintendent,

Notes and News.

The North American Sanitarium, for children suffering from surgical tuberculosis, has been opened at Atlantic City. It already has fifteen little patients, who are being treated free of charge. The location is considered ideal for such work, and the sanitarium will combine the features of both a hospital and home. Miss Anna Van Valkenberg, a graduate of Pennsylvania Hospital School for Nurses, is in charge.

Mr. John Ross Robertson has erected a tuberculosis pavilion for the treatment of children suffering from tuberculosis. It has been presented to the Board of Managers of the Hospital for Sick Children, and is located on Toronto Island, near the Lakeside Home.

The R. A. Kinloch Home for Nurses has been completed in connection with the Roper Hospital, Charlton, S. C. Before the earthquake funds had been collected and set aside for this purpose, but the earthquake wrought such damage to the hospital property that it was removed to another site. The matter of the home for nurses was dropped for years, though the little fund in the bank kept slowly adding to itself. The present building is complete and well equipped, and is an altogether happy ending to a long delayed project.

A \$30,000 addition is to be made to the Nicholas Memorial Hospital at Battle Creek, Mich. The addition will give the hospital twenty additional rooms, an operating suite, laboratory and other much needed improvements.

By the will of the late J. H. Huber, of Pana, Ill., \$50,000 is to be devoted to the erection of a charitable institution, and it is expected that a hospital for Pana will be decided on.

Logansport, Ind., will receive \$80,000 for the erection and maintenance of a hospital by the will of George E. Johnson, a former resident.

Hackley Hospital, Muskegon, Mich., treated 650 patients last year. One hundred and twenty-five babies were born there.

Quite a popular feature is the hydrotherapy department, that is heavily patronized both by persons receiving care in the institution and others paying regular visits there from without in order to gain the benefit of its electric light baths, Turkish and Russian baths, and other treatments. In all, 557 treatments were thus given, 274 to persons from outside.

In the hospital laboratory there has been another heavy year of work. Physicians of the city and physicians from neighboring cities and villages send specimens there for examination. Besides all that was done for the regular patients, 179 special examinations were thus made.

Hackley Hospital also pays the salary of the visiting nurse. In the latter work, a total of 1,524 visits were made in the year.

There are twenty nurses in training. Miss Elizabeth Greener is superintendent.

Macon, Ga., is to spend about \$600,000 in improving the Macon Hospital. A sanitary smoke-and-odor-proof kitchen is to be installed as one of the improvements.

The New England Hospital for Women and Children will erect a new children's building.

The Sisters of Charity will erect a new \$100,000 building in Cincinnati, O., for the Good Samaritan Hospital.

An addition, three stories in height, is to be made to the Episcopal Eye, Ear and Throat Hospital, at Washington, D. C.

An unusual number of heat prostrations have been treated by Philadelphia hospitals this year. In several of the institutions the roof gardens are being utilized for this class of patients, while other institutions have provided tents on the lawns.

Miss Edith M. Maynard, Class '08, Elliot City Hospital, Keene, N. H., is convalescing from her very serious illness and is in Vermont.

Mrs. Margaret Grismore, a successful private nurse of Fort Worth, Texas, has gone to her home in Indiana for a much needed rest.

In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS

Institutional Nursing

(Continued from August.)

In the city of Detroit this past year the librarians and the school teachers have made a dignified appeal to the city authorities for better wages. In each case the public was surprised to learn that the salary condition was as meagre as it was, and public sentiment backed up the workers in their request for an advance in remuneration. In the case of the librarians, the figures were strikingly small, and the raise was granted after little discussion. Our notions of ethics would receive a severe jolt if the head nurses stated their cases as frankly through the press as did some of these workers, but it is fair to suppose that if the public knew the facts, it would be quite as sympathetic with this class of workers as with these others mentioned. Many boards of managers would also, if the matter were put fairly and squarely before them by the superintendent, when the salary they have been accustomed to pay is inadequate. The untrained cook in Detroit asks six dollars a week and her board and room in a private house, and gets it. The nurse, who has invested two or three of the best years of her life in training, and who has demonstrated her ability along executive lines, is surely worth twice that sum as a minimum wage. As she gains experience in administrative responsibility, she is worth more than that. There is very great need for a readjustment of standards along this line, that will make head-nurse positions in every hospital as well worth while in hospitals in general as they now are in numbers of cases.

Another phase of institutional work which has received much less consideration on the part of hospital trustees than it deserves and which has a very real and practical bearing on the question of institutional nursing, is the degree of restriction in regard to Sunday

work, which is enforced. I know of hospitals in which Sunday is made a "field day" in the operating room, in which clinics are held, and the work goes on just as it does on the other six days of the week—only more so. I have known of hospitals in which, to accommodate the doctor who was to lecture, a whole course of lectures was arranged for Sunday night. The latter condition is, I hope and believe, exceptional; the former unfortunately far from being as rare as it should be. If the rule is not to make Sunday one of the operating days, the custom of allowing any slight pretext of an excuse to form a reason for Sunday operations is all too common. They become more and more common unless the superintendent and the board take a firm stand against any but actual emergency cases being operated on. The "Hoosier Schoolmaster" was not far astray when he remarked, "We're all selfish, accordin' to my tell," and the average physician, and especially the surgeon, is no exception to the general rule. He has in many cases no hesitation at all in asking that the nursing force be deprived of the Sunday rest which is their due, in order that he may accommodate his patient, who will thereby lose one day less from work or in order that he may have some medical or lay friend see him operate, who cannot be present the following day. These and equally trivial reasons are brought forward again and again as a reason for Sunday operations. When the chief surgeon of the hospital happens to be a man of this type, it is not strange that institutional nursing is unpopular in that hospital, or that the superintendent is often heard to remark that "good head nurses are hard to find." No good head nurse will very long be content to remain where her right to rest and reasonable hours of work are not



Florence Nightingale

Born in Florence, Italy, May 20, 1820. Died London, England, August 13, 1910.
(Illustration reprinted from THE TRAINED NURSE of December, 1894.)

recognized. No Czar of Russia is more merciless nor exacting nor heedless of the rights of others than are some surgeons in regard to hospital workers, and where there is a weak, yielding president and board, who can be so overawed by the presence of such a man on the staff that they weakly yield to every demand, the problem of retaining capable head nurses in that institution is exceedingly difficult to solve. Under the best of conditions, hospital work is hard, constant and nerve-racking. It is fascinating and has many delightful compensations, but Sundays and week days, Christmas and Easter, Thanksgiving and the Fourth of July, Summer and Winter, the work must go on without cessation. The half-day on Sunday and half-day during the week are as necessary to the institutional nurse as to any other class of the world's workers. To reach that ideal of justice to hospital workers should be quite as much an aim of the managers as to reach a high grade of efficiency along other lines. It is far from being an impossible ideal, given a superintendent and a board of trustees who honestly desire to have it, and who will constantly exert themselves to safeguard the rights of the resident hospital working force.

The other side of the question, as it relates especially to head nurses, will be discussed in a future article. There is much to

be said on the other side. But the fact remains that there is real need for reform in many institutions in relation to institutional nursing. We need a course of training in many large hospitals that will make it possible for the head nurse to gain a wide knowledge of hospital management than that which comes to her naturally in her own department. If this full, comprehensive course is given, a smaller salary is justifiable than where it is not. The minimum figures of \$30 or \$35 a month are too small for a capable trained woman. Where faithful, efficient service is given, there should be a substantial advance till the maximum point is reached.

I have known superintendents and trustees to let a capable operating room nurse go when ten or fifteen dollars a month added to her salary would have retained her valuable services for years. It is easy to waste ten dollars each month in an operating room, and hundreds of ten dollars are wasted in the operating rooms of the country through inefficient supervision in that department. It doesn't pay to carry economy to the point of underpaying capable hospital workers. A thorough ventilation of these phases of institutional nursing by hospital superintendents and trustees would undoubtedly have a wholesome effect on conditions in general throughout the country.



GRADUATING CLASS, 1910, MEMORIAL HOSPITAL, JOHNSTOWN, N. Y.

Book Reviews

Nursing in Diseases of the Eye, Ear, Nose and Throat. By the Committee on Nurses of the Manhattan Eye, Ear and Throat Hospital (J. Edward Giles, M.D., Arthur B. Duell, M.D., and Harman Smith, M.D., assisted by John R. Shannon, M.D., and John R. Page, M.D., with chapters by Herbert B. Wilcox, M.D., and Eugenia D. Ayers). For sale by the Lakeside Publishing Company. Price \$1.50.

The authors have in this volume supplied a long-felt want, for much of the subject matter contained therein is usually to be found only in text books especially intended for physicians and medical students. To quote from the preface: "In looking about for a book on nursing which would serve as a text book for the nurses in the training school, we were unable to find one which seemed exactly adapted to our purpose. A practical difficulty in the preparation of such a book arises from the fact that the preliminary education of nurses varies so greatly. For this reason, certain things which are too advanced for some are elementary for others." Accordingly, the authors have begun at the beginning and have dwelt upon all the essentials of the work under consideration with most satisfactory results.

The book consists of five parts, each subdivided into several chapters, there being twenty-six chapters in all. Part first, consisting of ten chapters on general considerations of the principles of nursing, both elementary and with attention to these special lines of work, contains the following headings. 1, Germ Theory of Diseases; 2, Antiseptic (Oxidizing Agents and Reducing Agents); 3, Disinfection of Rooms and Clothing; 4, Sterilization (of the Hands, of Dressings and Bandages, of Instruments); 5, Preparation of Operating Rooms; 6, The Nurse's Duties at Operations; 7, The Nurse's Duties in Emergencies (Hemorrhage, Vomiting, Erysipelas, Drug Poisoning, etc.); 8, Management of Troublesome Children; 9,

The Ideal Nurse and Her Conduct in the Sick Room; 10, The Feeding and Care of Infants (Sleep, Temperature, the Bath, Convulsions, Infants' Diseases, etc.).

Notably among these are the chapters on antiseptics, sterilization, the duties of the nurse at operations and in emergencies, the management of troublesome children, the ideal nurse, and the feeding of infants. The last mentioned topic is presented in a particularly lucid manner, for in a short space this important ground is so well covered and so well expressed that the veriest novice may understand the principles intelligently. The chapter on the management of troublesome children is excellent.

Part second deals with the eye, and there are six chapters, as follows: 11, Anatomy and Physiology; 12 and 13, Common Remedies Used in the Treatment of the Eye (Antiseptics, Anaesthetics, Mydriatics and Myotics, etc.); 14, Eversion of Lids, Retractors, Drops, Solutions, Ointments; 15, Contagious Eye Diseases (the Nurse's Duties at Operations, Anaesthetics); 16, Eye Instruments and Appliances.

Of these, the chapters on the common remedies employed in the treatment of eye affections, and the care of those suffering from contagious eye diseases, are deserving of special mention.

The third part is on the Ear. The five chapters are: 17, Anatomy and Physiology of the Ear; 18, Examination of the Ear (General Method and Instruments Used, Tests for Hearing); 19, Diseases of the Auricle and External Auditory Canal; 20, Middle Ear Diseases (Preparation for Mastoid Operation); 21, Diseases of the Internal Ear (Suppurative and Non-suppurative Labyrinthitis).

The section on Mastoid operation is worthy of comment, as also is the chapter on examination, with tests for hearing.

Part four considers the Nose. Here are two chapters (22) on Anatomic Description of the Nose and Accessory Sinuses, and (23)

on Diseases of the Nose. The description of the Accessory Sinuses is brief and at the same time comprehensive. Under the diseases, there are short paragraphs on the various forms of Rhinitis (Acute, Chronic, Atrophic, Membranous, etc.), Epistaxis, Hay-fever, Lupus, Tuberculosis, Syphilis, Deviations of the Septum Nasi, Fractures and Sinusitis, and the treatment of each condition is briefly outlined.

The fifth and last part is devoted to the Pharynx and Larynx. The three Chapters are: 24, Anatomic Description of the Pharynx; 25, Diseases of the Pharynx (Pharyngitis, Tonsillitis, Adenoids); 26, the Larynx (Anatomy, Examination, Laryngeal Oedema, Benign and Malignant Tumors, Tuberculosis, Syphilis, Foreign Bodies, Irrigation, Inhalations, Tracheotomy, etc.).

A well-compiled index completes the volume. There are many cuts of instruments to enable the nurse easily to familiarize herself with their names and appearance, and the book is profusely illustrated with half-tones from original photographs by Dr. E. G. Zabriskie.

The nurse who wishes to engage in eye, ear, nose and throat work will find in this book a clear and concise exposition of all the necessary details coming under those headings.

E. F., JR., M.D.

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Hygiene and Morality. A manual for nurses and others, giving an outline of the medical, social and legal aspects of venereal diseases. By Lavinia L. Dock. For sale by The Lakeside Publishing Company. Price \$1.50. The author tells us that the plan of this manual has grown from the scope of a paper presented by the author to the International Congress in London, and that the chief purpose aimed at is to point out the social significance of the venereal diseases and the crusade upon which women should enter in regard to them. Therefore, though the book is designed primarily for the nursing profession, the author hopes it may be useful to many other women as well.

The book is divided into three parts, the first, *The Venereal Diseases*, gives the historical outline, cause, general results of ex-

periments, symptoms, heredity, statistical estimates, etc. This we find most excellent. The author has given instruction and information that cannot help but prove of value to women, who, for the most part, are very imperfectly informed on these subjects.

Unfortunately this portion of the book occupies but a scant third of the volume, and when the author branches off into other subjects, namely, Prostitution and The Prevention of Venereal Disease, she is most unconvincing and seems to have gone beyond her depth. She believes that the social evil demands not regulation, but complete suppression, and has approached her subject from this standpoint. She places the social evil in the same list with smallpox, typhoid and tuberculosis, and would deal with it accordingly. Consequently she loses sight and takes no account of such things as human passions, human desires, human frailties. Moreover, we read but a few pages before we come amuck of the author's pet hobbies, sex antagonism and votes for women. In fact, when all is said, we must allow that the greater part of the book is simply an argument for votes for women. There will be a long process of human evolution before Miss Dock's dream of uncompromising suppression of the social evil can be seriously considered except as an iridescent inspiration.

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Pocket Therapeutics and Dose Book. By Morse Stewart, Jr., B. A., M. D. Fourth edition, rewritten. Small 32mo of 263 pages. Cloth, \$1.00 net. For sale by the Lakeside Publishing Company.

In the fourth edition of this very useful and concise manual the text has been thoroughly revised, all obsolete remedies quitted and newer ones added. It covers prescription writing, abbreviations, classification, therapeutic uses and dose table, index of diseases and remedies, tables of poisons and antidotes—in short, it contains in small space an immense amount of information regarding medicines in general. It is designed for the use of physicians, nurses and pharmacists, and a copy might very profitably be hung in or near every medicine cupboard in hospitals for daily reference.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Reply to Manila Nurse.

The letter given below is written in reply to a letter which appeared in the August, 1909, number of THE TRAINED NURSE, over the signature, "Manila Nurse." See Editorial.

To the Editor of The Trained Nurse:

Anonymous communications are never worthy of either publication or reply, but as your magazine has seen fit to print the *unsigned* article on the Philippine Service, which is but a series of misstatements, it is, perhaps, just as well to print a *signed* one from a person who knows the facts.

I will take the inaccuracies of this "Manila Nurse" in the order she has set them forth.

The only nurses who are caring for leprosy in the Islands are the French Sisters of Mercy. No American nurse has ever been asked or expected to do this service, nor do they ever come in sight of or contact with lepers unless of their own volition. To the credit of our profession, be it known however, that recently as many as five American and English nurses have written to the undersigned and asked for positions in the Culion Leper Colony, where the Lepers of the Philippines are segregated, but thus far their applications have not been considered. The Baguio Hospital is situated in the mountains in one of the most beautiful locations to be found anywhere. One leaves Manila by train at 6 A. M. and arrives at Camp No. 1 at 3 P. M., and takes the remainder of the journey by automobile over one of the finest mountain roads in the world, arriving at 6.00 P. M. the same day. So much for the "day and a half" trip referred to by this well informed (?) "Manila Nurse," who says nothing of the gorgeous scenery which makes this trip a memory of a lifetime.

In March, 1909, the undersigned agitated the question of laundry allowance. The matter was put before the Legislature, the bill

passed, and the Government has paid for the nurses' laundry since August 1, 1909. The "Manila Nurse" fails to state however, that laundry is the cheapest thing in Manila. Seven (7) centavos per piece is a very good price, while many Chinamen will take it for five and six centavos. A centavo being but a half-cent in our money, laundry costs but from 2½ to 3½ cents United States currency per piece. A dress can be one piece if the skirt and waist are made together. A pair of stockings is one piece, also a handkerchief or belt.

Though we wear white all the year round, I doubt if any nurse under any circumstances would consider such laundry rates a hardship.

The Government will actually pay a nurse's transportation to Manila in advance (except incidentals). For the protection of the Government, however, this sum is deducted at the rate of 10 per cent. of their salary per month until the expiration of two years time, when it is all refunded, and even her bill for incidentals is reimbursed as well as half salary for the time consumed in the voyage across. In the opinion of the undersigned, this is not only fair but most generous. Naturally if a nurse resigns before her two years has expired, this money is forfeited. As it never came out of her own pocket, it can scarcely be considered a personal loss.

All nurses are informed before they come out here that return transportation is not paid. She can always get Government rates on the liners however, which is \$100.00, less than the regular passage though the accommodations are the same, and very often can get return transportation on a transport which costs nothing but subsistence, at the rate of \$1.00 per day.

Concerning hours of duty, this "Manila Nurse" has again deliberately misrepresented the case. There are never more than three

American nurses on duty at night, generally but two, and two American attendants. The nurses have been getting, in regular rotation, two weeks midnight duty, two weeks afternoon duty and four weeks of morning duty. Thus it will be seen that a nurse gets eight hours night duty actually two weeks out of every eight—instead of four out of every six, as our mis-informant tells us. It is expected that within a month or two, the pupil nurses will be put on night duty with a one-night superintendent in charge, which will lessen night duty for the regular nurses.

We note with pleasure one truthful statement: "The work itself is not particularly hard." The office time-book shows a daily average of fourteen American nurses (including the superintendent), five American attendants, six Filipino attendants, thirty-seven muchachos (ward boys, etc.), besides the office force and a daily average of about thirty pupil nurses (who do five hours duty a day, either morning or afternoon). This force to take care of a daily average of sixty-five house patients! These figures are taken from February, 1909 (when the undersigned went into office) up to the present time, and since the beginning of her service in the Civil Hospital (November, 1908) she has never known a nurse either at San Lazaro or the Civil Hospital to be asked to do or assigned to twelve-hour duty!

The "Manila Nurse" states that "no excuse is adequate for the condition of the American nurses' quarters." Enclosed are photographs of the nurses' homes at San Lazaro and Civil Hospitals*. The former is new, sanitary and thoroughly attractive. The second is an old Spanish home, in very bad repair, but so attractive that when arrangements were made nearly three years ago to rent new but less attractive quarters and the nurses were ordered to move into them, they flatly refused to go, preferring the old place on account of its picturesqueness.

Seniority of service has been eliminated as the factor in promotions, for by such arrangement we would have had some very undesirable persons in positions of responsibility.

Following are some sample questions and answers from the examination papers of a

woman who poses as a nurse, and who managed to stay in the service six years.

Question: Describe the Kelly pad and its uses.

Answer: The Kelly pad is used principally in cases of fracture and dislocation.

Question: What is the lochia? Describe the changes that take place in it in a return to the normal condition after labor.

Answer: After child labor the lochia contracts and becomes its normal lochia.

Question: What is ophthalmia neonatorum? What attention to the child is necessary to prevent its occurrence?

Answer: The child should be well nourished and kept in a hygiene way of living.

This person stayed in the service six years and is now one of our chief complainants.

Can anyone believe that even sixteen years of service (unless in a training school) would ever render such material fit for promotion to advanced and responsible positions? And would it be fair to a new applicant who might be really capable and intelligent to be made subordinate to a woman of this calibre?

Great was the indignation recently when the undersigned refused to recommend the re-appointment of a nurse who had served four years but whose examination papers were barely passing. This nurse in describing the care of the new-born infant's eyes, advocated the use of nitric acid! She also failed utterly in endeavoring to give the apothecaries weight.

And so the past twelve months have been engaged in "weeding" out the service and making vacancies for the desirable applicants. If the "Manila Nurse" would be honorable enough to sign her name she would be found to be one of the "weeds." We want fine women over here, women who know the meaning of "loyalty" and "service" and "honor." We know such nurses exist and we intend to have them in the Philippines.

There is no greater field for American women, and considering the nature of their work and their hours of service, the nurses of the Philippine Civil Service are the highest paid and most generously treated of any institutional nurses in the world.

Very truly yours,

MABEL E. MCCALMONT, R. N.,

Supt. Civil Hospt. Div., Supervising Nurse,
Bureau of Health.

*Published in the May number.



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Reply to Miss McCalmont's Statement in May Number.

To the Editor of The Trained Nurse:

In the May number of *THE TRAINED NURSE*, in the Nursing World Department, I notice an article by Miss Mabel E. McCalmont regarding the Philippine Service for nurses.

For the benefit of nurses who may be contemplating entering the service I should be very glad if you would give space to the following statements from one who has seen service in the hospital since Miss McCalmont took charge.

The article in question reads very fairly and if the Civil Hospital was managed with equal fairness there would be little cause for complaint.

As a matter of fact, considerable reading between the lines is necessary.

Between February, 1909, and January, 1910, fourteen nurses severed their connection with the Bureau of Health and two more have done so within the past two weeks.

The Civil Hospital is entitled to a force of seventeen graduate nurses, but has not averaged twelve on duty for the past year and a half unless I have been wilfully misinformed. With fourteen changes in this small staff within less than a year, the service could hardly be very attractive.

All these nurses have left for the same reason (i. e., the unbearable conditions existing at the hospital since Miss McCalmont took charge), although for policy's sake they have not all put this charge in writing.

These nurses had served anywhere from seven years to one month in the Bureau of Health and numbered retired Army Nurses, Federal Civil Service Nurses and nurses who had filled hospital positions in the States.

Seven of these fourteen nurses who have left the Civil Hospital have transferred to the Bureau of Education, and although they had had no previous experience as teachers, they have been successful in their new work and all agree that they have been well treated in the Bureau of Education. I will enclose a clipping from the *Phillipine Free Press* (one of the Manila papers which circulates among both Americans and Filipinos). The May *TRAINED NURSE* also contained pictures of the nurses' quarters at the Civil Hospital, also at San Lazaro. The *entrance* is beautiful, but the quarters themselves are old and

terribly unsanitary, and are utterly unfit for the home of an American woman.

An ample allowance is made by the Assembly to the Bureau of Health to provide good quarters and good food for the nurses, neither of which they get. The food is almost uneatable. The existing conditions have been reported to the head of the department many times and an investigation asked for. The only result of these requests has been petty persecution. In one case the head of the Bureau is reported to have told a nurse who was making an effort to get justice to "go and bust yourself."

The unsuspecting nurses in the States who read articles like Miss McCalmont's and do not read between the lines the actual conditions come out here (seventeen thousand miles from home and usually without money or friends) and find that they are bound by contract for two years of service in a bureau in which justice and fairness are unheard of and where Might makes Right.

ONE WHO KNOWS.

CIVIL HOSPITAL NEEDS AN INVESTIGATION.

"From the beginning it might be said of the Civil Hospital as of man that it has been "full of trouble." Many persons here will remember the Yemans-Stafford imbroglio in the early days and there seems to have been more or less of imbroglio ever since.

"There is probably not a newspaper in Manila which has not been approached several times in the past year or two and urged to ventilate the affairs of the hospital with a view to reform, and there is probably not a newspaper which has not shrunk from the task, for it is not a pleasant one.

"The *Free Press* opens the matter at this time in response to repeated and insistent urging. There are many features of the hospital as now conducted which are very unsatisfactory both to the nurses and the patients. The burden of many of the complaints is the questionable economy being practiced by the present superintendent, Miss McCalmont, with the sanction of the director of health, Dr. Heiser. Were there no loss of efficiency from such economy it would stand to be commended, but when, as is testified in many cases, such economy goes so far as to result in a lack of ice, a lack of

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AND
BATH



FOR
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milk and cream, a lack of clean linen, and even a lack of spoons, it is time to call a halt.

"As a result of this state of affairs there have been many protests from patients during the past few months, and people are being advised not to go to the Civil Hospital for treatment.

"Dissatisfaction—and that is a mild word—has also arisen over the treatment of the nurses by Miss McCalmont. At least three or four are said to have resigned on her account.

"There are a number of other features which might be broached and, taken altogether, they are certainly sufficient to call for an investigation. And if the Secretary of the Interior has the welfare of the hospital at heart he will order an investigation upon his return from his present trip through the northern provinces."

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In Defense of Miss Nelsen.

To the Editor of The Trained Nurse:

Having read with interest the article written by Miss Nelsen in the May number of

this journal, also the various criticisms and her own explanation pertaining thereto, I wish to express my views of the subject. I can readily understand how she was obliged to send in such a large order for things needed about the sick room. I have been in the country myself many times and have had to put up with just such conditions and know whereof I am speaking. My experiences were not in the least to be desired. Fifty yards of mosquito netting are but a "drop in the bucket." I should think it strange more was not used. As for the bedbugs! Well, she did her best, I am sure, to exterminate them. There is one question I would like to ask. Why would not two bedpans have been sufficient? They could have been disinfected alternately. The nurse did the best she could under all the circumstances and I see no reason why she did not get her full pay. The people were, to say the least, extremely ungrateful. No matter what method a nurse may employ in taking care of a case, some one is sure to find fault with it.

FLORENCE R. POND.

Changes In Army Nurse Corps.

APPOINTMENTS.

Evangeline Duffy, graduate of Saint Joseph's Hospital, Philadelphia, Pa., night superintendent of Garretson Hospital, Philadelphia, and superintendent of Training School, Saint Joseph's Hospital, Lancaster, Pa.

Clara M. Ervin, graduate of Worcester Insane Hospital, Worcester, Mass.; also supervising nurse at Worcester Hospital, and nurse at Bellevue Hospital, New York City.

Myra Eva Hummel, graduate of the Hospital of the Protestant Episcopal Church, Philadelphia; also assistant superintendent of the Lying-In Charity Hospital, of Philadelphia.

Cora Miller, graduate of Samaritan Hospital, Troy, New York.

Rhoda M. Wright, graduate of the Monmouth Memorial Hospital, Long Branch, New Jersey.

DISCHARGES.

Anna L. Davis, July 1, 1910; Mary H. Hallock, August 8; Louise Maguire, August 1; Ethel J. Pinches, July 13, and Valeria Rittenhouse, August 8, 1910.

TRANSFERS.

From San Francisco to Fort Bayard, New Mexico, Edith H. Rutley.

From Philippine Division to San Francisco, July 12, 1910, Gertrude H. Lustig and Valeria Rittenhouse; August 12, Lyda M. Keener and Elizabeth D. Reid.

From San Francisco to Philippines Division, Anna B. Carlson, Carrie L. Howard, Sarah T. Little and Bessie Kelly (from Fort Bayard), on August 5, 1910.

From Division Hospital, Manila, to Camp Keithley, P. I., Florence W. Thompson.

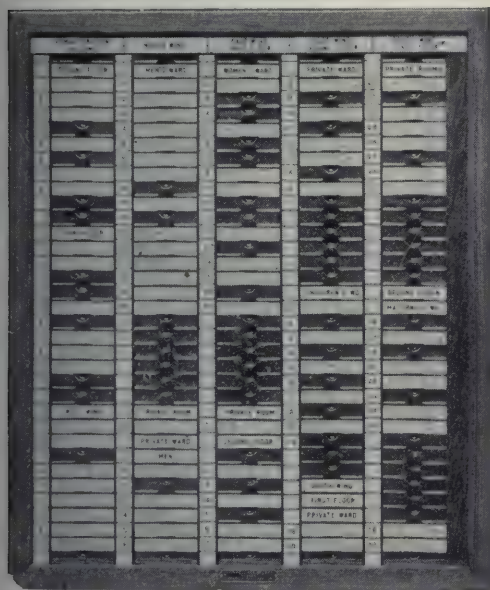
From Camp Keithley to Division Hospital, Manila, P. I., Junia Hattie Latimer.

JANE A. DELANO,
Superintendent Army Nurse Corps.



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Massachusetts.*

DR. HUGH CABOT: When I received the report of the American Hospital Association, which was kindly sent me some weeks ago, I read it with very great interest and pleasure, and was struck, as has been previously said, by the great similarity in the construction of that association to this. The same elements are at work there as have been at work here, except that they cover a wider field and have a more representative body. I was sorry when I received the circular of their meeting that I was not a member of their association and was not going to hear their papers, because it seems to me a very powerful association, which is bound to have very great effect. The temper of this report struck me as being surprisingly good, surprisingly little with which even the most captious could find fault. The crux of the situation, I think, is going to come, if I remember rightly, in class I of their hospital classification. Yes, isolated small hospitals, which, as is properly stated here, is, I suppose, very much the largest class and the increasing class. The mushroom growth of small hospitals is the characteristic condition of the last fifteen or twenty years. The solution of the problem of their nursing seems to me to be in combination. Each one of them undoubtedly has certain valuable and peculiar characteristics. If there were combinations between small hospitals and special hospitals, especially such hospitals as clearly ought not to maintain a training school, and yet which can give a very valuable training along a rather narrow line. Now, if they were supplied with nurses, we will say, from half a dozen small hospitals situated throughout the surrounding one or two hundred miles, those nurses to serve for a sufficient length of time, perhaps six months, both would benefit. The

special hospital would be supplied with all the nurses needed, who had a good general training. The small hospitals would be supplied with what they couldn't get in any other way, special service, and their nurses would be getting a training closely approximating that of the larger institutions. In this way it might, I suppose, be possible to give a three years' course. In other words, these different hospitals would work together somewhat after the plan of medical education in England, where a student may study in any one of half a dozen different schools and ultimately get his degree from the State. Possibly some such arrangement might be necessary here—that the ultimate diploma should be given by some larger body, perhaps under some system of registration, or combination between small and large hospitals; and every type of training could be given. This is certainly true of the eastern part of the country. Of the western part I know very little, but in the eastern part I believe such co-operation could be arranged if there were anybody to arrange it. If that committee of Dr. Washburn's will take it up, it will go a long way towards putting it through.

There are a large number of schools in hospitals throughout the State and in neighboring States which seem to me very badly off: they necessarily give a very imperfect training. They must have a training school. It is evidence of the growth of the hospitals that it has created training schools for nurses; it is the enormous growth of small hospitals that has multiplied the production of nurses. Many of those nurses are well trained, some of them are not, cannot be, well trained, and yet the hospitals where those nurses were trained must exist. These hospitals have come not by accident, but as an economic necessity. They are here to stay. The number is increasing. They can, I believe, be provided for by some system or other of combination, and in the Eastern States, where they are pretty

*Continuation of the report of the tenth semi-annual meeting of the New England Association for the Education of Nurses, the subject under discussion being the training school report of the Hospital Association.



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permanent, such a system could be made to work. In the Western States they are of mushroom growth, I am told; they grow rapidly and disappear quite as fast. That isn't true of the East, and isn't likely to be; and if it is true of the West now, it may not be true in the future. At any rate, here, the problem, as I see it, must, I think, be solved in some such way.

In regard to the training of so-called nurses' attendants, the difficulty, it seems to me, is that we have tried to get something for nothing. I never knew anybody to get away with that yet. You are trying to get people, who very soon feel as if they were doing a nurse's work—of course, they are not doing a nurse's work, no one who sees any of their results would make any such blunder—but they think they are, and they promptly get dissatisfied. I think my experience, though more limited than Dr. Patch's, is the same. I have never seen one who was worth what she was paid, though they are paid little enough. I am inclined to agree with Dr. Patch that the more extended use of the undergraduate is likely to be the solution of the problem. I think, as Dr. Worcester has suggested, it means the modification of our nursing accommodations at the hospitals. That must come. It means that, for instance, in the large cities where the demand is perhaps more pressing, the city must pay to the training schools sums of money sufficient to pay for such training. It can be done, it can be arranged; I have no doubt that from the taxes one could persuade the city to pay it if the need was made as clear to the general public as it is to those of us who see it at first hand. It does not seem to me probable that it would be difficult to provide the sinews of war if it becomes clear that it is by undergraduates that this problem is to be solved, and it seems to me it would be better solved that way than by the training of half-baked people who always wonder if they hadn't better go and get baked some more.



Rhode Island.

Twenty-nine graduates received their diplomas at the graduating exercises of the class of 1910 of the Rhode Island Hospital Training School for Nurses, Providence, May 26, 1910. The speakers of the evening were President W. H. P. Faunce, of Brown University,

and Miss Mary M. Riddle, Superintendent of the Newton Hospital, Newton, Mass.

Those who received diplomas are Helen Hulme, Katherine Knox, Isabella Chew, Annie McCaughey, Mary Cornelia Blik, Ruby Catherine Murphy, Mattie Luella Taylor, Sadie Evelyn Handleman, Emily Margaret Armstrong, Mary Anne O'Neill, Helen Alcorn, Harriet Maria Goulding, Bertha Benson, Sarah MacKenzie, Laura Janet Harris, Emma Marion Rousseau, Sarah Theresa Leion, Edna Estella Lord, Jennie Alberta Thomas, Amy Elma MacLean, Eva Lena Berthiaume, Maud H. Bartlett, Mary Elizabeth O'Rourke, Florence Thorpe, Marcella May Duffy, Gertrude Winifred Dunn, Margaret Mary Coutanche, Margaret Davis and Mae Price.



Pennsylvania.

The eleventh graduating class of the Kane Summit Hospital held its exercises at the Presbyterian church on Tuesday evening, May 31. The class consisted of four members, Misses Kathryn Bowman, Grace Ellsworth, Mildred Bailey and Margaret Plunkett, who, unfortunately, through sickness, was unable to attend. Class motto: "Not for Ourselves Alone." The church was beautifully decorated with the class colors, blue and gold, and palms and cut flowers adorned the pulpit and chancel. An excellent programme was rendered. Following the invocation by Rev. George A. Sutton, the choir of the Presbyterian church sang their first selection, "Lead Thou Me On."

Dr. W. P. Burdick was then introduced by Rev. Sutton, and gave the address of the evening.

Miss Burkhardt followed with a solo which was excellently rendered. The presentation of diplomas and badges was next in order, after which the choir sang the "Cradle Song" by Henry Smart. The exercises were closed with the benediction by Rev. Irvin T. Geistweit, after which a reception was held in the hospital parlors, and was largely attended by friends and guests. Refreshments were served.

The New Thompson House, Kane, was the scene of a very brilliant social function May 30, the event being the tenth annual reunion and banquet of the Nurses' Alumnae Association of the Kane Summit Hospital.

It was nearly 10 o'clock when the summons to the banquet hall was made. Here a most

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is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

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pleasing sight greeted the eye, as the tables, resplendent with their floral decorations, snowy linen and bright silverware, seemed to invoke one's appetite, and it is needless to add that all did ample justice to the six-course spread.

As the hands of the clock pointed to 12, the toastmistress, Mrs. Anna Stall, arose, and in a very neat speech introduced the first speaker, Mrs. Katherine Hottell, who responded to the subject of "The Doctor" in a very witty manner. "The Line of Duty" was most ably presented by Mildred Bailey. Dr. W. P. Burdick responded to the toast "Nothing" in a manner that left nothing to be said on this subject. "Practical Nursing," by Esther Carlson, was ably presented.

Mr. R. J. Sharp's subject, "Ad Libitum," gave this gentleman an opportunity of displaying his oratorical ability to good advantage. "The Class 1910" was most interestingly presented by Ruth Shaw. Miss Shaw has an ease of manner which makes it a pleasure to listen to anything she has to say. "Opportunity" was the subject assigned to E. K. Kane.

"The Human Machine," by Maude McDevitt, brought out many good points as to the life of a nurse. The theme "Kane Summitt Hospital" was presented by R. K. Godding, who took the newspaper man's view of this institution, citing instances of the good that he had seen done at this institution.

Good nights were then exchanged, and the company dispersed to their respective homes, feeling that they had not only enjoyed a delightful evening socially, but that it had been good for them to be there.

The Alumnae Association of the Adrian Hospital Punxsutawney, held its semi-annual business meeting at the home of Miss Harriet Bright, at DuBois, Pa., July 6, 1910.

Eleven members were present, namely, Mrs. Marion Cockran (nee Brian), Mrs. Chester Fugate (nee Jones), Misses Lillian Humphrey, Elizabeth Hunger, Martha Hower, Erie Smith, Elizabeth Hutchinson, Agnes Cook, Mary Moore, Harriet Bright and Fannie Loudon.

The following new members were received: Misses Agnes Brounlie, Cora Foltz and Ruth Brian. Officers were elected for the ensuing year: Miss Erie B. Smith, president; Miss Harriet Bright, vice-president; Miss Fannie Loudon, secretary, and Mrs. Chester Fugate, treasurer. Miss Lunetta Miller donated to

the Alumnae Fund a beautiful silver tea set.

Following the business session we adjourned to the Commercial Hotel, where Dr. S. M. Free entertained us at dinner, which was greatly enjoyed by all.

The next meeting will be held at Adrian Hospital the first Wednesday in January, 1911.

Miss Ellen Brian, of Brockwayville, Pa., and Mr. Marion Cockran, of Punxsutawney, Pa., were married in the Episcopal church at Sugar Hill, Pa., April 6, 1910. The bride was a graduate of class '05.

Miss Stella Downey, of class '04, and Mr. Morton B. Collins of Monogahela City, Pa., were married April 20, 1910, in the St. Paul's Episcopal Church.

Miss Alta McMillen, of class '09, and Dr. J. E. Hardman, were married in the Roman Catholic church at West End, Punxsutawney, Pa., April 27, 1910.

Miss Emily Campin, of class '04, and Dr. Chester F. Miller were married at Benton Harbor, Mich.

Miss Barbara Hutchinson, of class '07, and Mr. Wilbert McCauslin, of Butler, Pa., were married at the home of the bride's uncle, Rev. S. T. Himes, Braddock, Pa., May 12, 1910.

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District of Columbia.

The Nurses' Examining Board of the District of Columbia will hold examination of applicants November 9 and 10. Applications must be filed with secretary before October 15.

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Ohio.

The second annual commencement of the White Hospital Training School for Nurses, Ravenna, was an entertaining event at the Congregational church Tuesday evening, May 24, leaving pleasurable memories with the large audience that gave close and interested attention to the programme. The church was tastefully decorated for the occasion, and the music by the ladies' chorus was very enjoyable.

S. F. Hanselman, secretary of the board of trustees, presided, and Dr. I. J. Swanson opened the exercises with invocation. After a selection by the ladies' chorus, Mr. Hanselman gave a brief description of the school, emphasizing the features of its organization, its officers, its instructors, its course of study and its commencements. He then introduced



Therapeutic Dependability—

the unfailing accomplishment of definite physiologic results—has won for

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its recognized place in the treatment of all forms of functional debility. ¶ When other tonics fail or are contra-indicated for one reason or another, GRAY'S GLYCERINE TONIC COMP. may be freely used with the constant assurance that its effects will ever be restorative and reconstructive—never harmful or injurious.

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Local
Pain and
Inflammation**

(Apply Externally)

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5 oz.	Glass Jars—\$.25	1 1/4 lb.	Glass Jars—\$1.00
11 "	" " — .50	5 "	" " — 2.25

G. W. CARNRICK CO.

42 SULLIVAN ST., New York City

When you write Advertisers, please mention THE TRAINED NURSE.

the principal, Miss Benton, who made the report of the school.

The report was followed by the address of Dr. H. G. Sloan, of Cleveland, who took for his subject "The Nurse After Leaving the Training School." The presentation of diplomas was made by Mr. Hanselman. A reception was tendered to the graduates in the afternoon at the home of Dr. and Mrs. White.

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Louisiana.

Among the delightful midsummer affairs taking place in New Orleans was the love feast given to Miss F. M. Quaife, former Superintendent and Directress of Nurses at Touro Infirmary, now Matron at Vassar College, New York. Miss Quaife spent a short time in the city, and most of the alumnae of the ten classes which graduated during her reign at Touro united and entertained at a banquet, to which a number of prominent physicians were also invited. The Touro colors, blue and white, were effectively carried out in the table decorations. The entire party was conveyed to and from the banquet in tallyhos.

Miss Quaife sailed for the East on July 13, and her departure was a veritable floral ovation, attesting to the affection in which she is held in New Orleans. A large number of her nurses gathered to wish her bon voyage.

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Married.

A pretty home wedding was solemnized at Blaine, Ohio, on June 21, when Dr. A. J. Quimby, formerly of Wheeling, W. Va., and now of New York City, and Miss Gertrude Seabright, of Blaine, Ohio, were united in marriage. Mrs. Quimby is a graduate of the City Hospital, Wheeling, W. Va., class of '05.

In Ohama, Neb., June 14, 1910, L. Belle Snider and Frank Mendenhall, both of Tilden, Neb. Mrs. Mendenhall is a graduate of Samaritan Hospital, Sioux City, Iowa, class of '04. Mr. Mendenhall is a jeweller at Tilden, where they will reside.

Miss Winifred Reaney was united in marriage to Mr. John A. Huizenger at Rock Valley, Iowa, July 16, 1910. Miss Reaney has recently had charge of the Rock Valley Hospital and is a graduate of the Samaritan Hospital, Sioux City, Iowa, class of '06. Mr. Hui-

zenger is a banker. They will reside in Rock Valley.

In Sioux City, Iowa, Miss Tida Draper to Mr. Alfred Swanson. Mrs. Swanson is a graduate of the Samaritan Hospital, class of '05. They will reside in Sioux City.

The marriage of Adele Bassett Hieber, of Elyria, Ohio, to Dr. George Gill on July 25, 1910, has been announced. Mrs. Gill (nee Hieber) is a graduate of the Cooper Hospital, Camden, N. J., and also of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa.

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Personal.

Miss Charlotte M. Perry, late Superintendent of Faxton Hospital, Utica, N. Y., after enjoying a vacation and much-needed rest, has accepted the position of Superintendent of Grace Hospital, New Haven, Conn., and will enter upon her duties September 1.

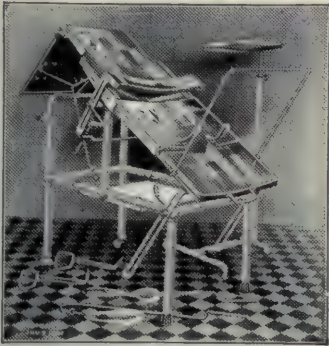
Obituary Notes.

Dr. Charles Jewett, widely known as a gynecologist and as the author of many standard medical works, died at his home, No. 330 Clinton avenue, Brooklyn.

Dr. Jewett, who was sixty-six years old, was suffering from cerebral hemorrhage and paralysis. He was born in Bath, Me., was graduated from Bowdoin College and from the College of Physicians and Surgeons. For many years he has been consulting physician to the Brooklyn, Kings County, Swedish, Bushwick and St. Christopher's hospitals.

Josephine Ethel Kuenemann, beloved daughter of Robert A. Kuenemann, born February 5, 1884, died July 23, 1910. Miss Kuenemann was nursing on a private case when she was suddenly taken ill and died a few moments later. Funeral services were held at the home of her father at No. 39 Lakeview avenue, Paterson, N. J., Monday afternoon, July 25, conducted by the Rev. D. S. Hamilton, of St. Paul's Episcopal Church, who referred to the self-sacrificing spirit of the young woman, whose loss has caused sorrow among a wide circle of acquaintances. A number of nurses from the local hospitals attended the funeral, and many beautiful floral tributes were received.

**The New Self-Balancing Baldwin
Automatic No. 5 Operating Table**



The heaviest patient can be handled with one hand. Up-to-date, simple in design, elegant in finish, easy to clean. Used by Dr. W. J. Mayo and hundreds of other distinguished surgeons.

Our new **Odorless Hospital Commode**, with water-seal lid, is a great improvement.

We make many new Nurses' Writing and Work Tables with milk white glass top.

Write for information on "*How to Equip a Hospital*." Booklets sent free.

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MARIAN E. GUNNELLS, 238 W. Forest Ave., Detroit, Mich.

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FOOD**

almost from birth. She is healthy,
happy and well developed.

We will send free on request five foodings of
Eskay's and our book, "*How to Care for the Baby*."

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for Cases of Minor
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Dressing for Cuts,
Bruises, Burns,
Ulcers and all
Superficial
Wounds.

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PHÉNIQUE CO.**

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ST. LOUIS, MO.

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I hear you perfectly now!"

I HEAR you anywhere in the room; why, I could not hear ordinary conversation one foot away. I have had the Acousticon now for nearly a year and it is all in all to me. Gold could not buy it if I could not get another."

So says a user of the Acousticon who has been extremely hard of hearing for years, and his experience is the same as that of thousands who are now using it—to them we have said as we now say to you: "Test the Acousticon and let us prove that it will make you hear distinctly and clearly, and

TRY IT AT OUR EXPENSE"

If you are not convenient to one of our many offices, we will lend you an Acousticon, and if you do not hear satisfactorily the trial will cost you nothing. **No trial fee, no penalty, if you do not hear.**

A very light and unnoticeable head-band is furnished with the ear-piece; its use makes it unnecessary to hold the ear-piece and leaves both hands perfectly free.

Ladies who use the Acousticon dress their hair so as to make the head-band and ear-piece invisible.

Over three hundred churches throughout the country have installed the Acousticon for their members who are hard of hearing.

It is the original electrical hearing device, fully protected by U. S. patents, and you can not secure anything as efficient under another name.

Write for particulars of the Free Test, Booklet, etc., to

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NEW YORK.

New Remedies and Appliances

Horsford's Acid Phosphate.

Good results in partial paralysis and impotency.

DR. F. M. RUSSELL.

Paw Paw, Mich.

+

Horlick's Malted Milk with Egg.

Eggs one or two, cracked ice sufficient, Horlick's Malted Milk one tablespoonful, water sufficient to fill an ordinary glass or cup. Shake thoroughly and strain. Use Shaker.

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Used in Stubborn Cases.

I have made frequent use of Resinol and have found it an excellent salve in some very stubborn cases of skin diseases where such a salve was indicated, and shall use it freely in the future.

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Do Not Delay.

Meaville, Pa., Jan. 10, 1910.

Ogden & Shimer:

Gentlemen—Please send me as early as possible one jar of Mystic Cream. Can find nothing here equal to it. Yours very truly,

MRS. C. THEO. CAMPBELL.

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Everlasting Satisfaction.

Many a physician has found to his everlasting satisfaction that with the aid of Nestle's Food he can prepare a diet, not only as closely approximating mother's milk as seems necessary, but one subject to whatever changes his judgment dictates from day to day. Moreover, the sterility of the food is assured and every danger of infection is eliminated.

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Free, but Valuable!

Battle & Co., of St. Louis, have just issued No. 13 of their series of charts on dislocations. This series forms a most valuable and interesting addition to any physician's or nurse's library. They will be sent free of charge on application, and back numbers will also be supplied. If you have missed any of these numbers, better write Battle & Co. for them before the supply is exhausted.

Thalosen (Abbott).

Thalosen acts more satisfactorily with a less phenolphthalein content than any similar product. As here combined, *one grain of the drug will do the work of two or more grains*, given singly or as ordinarily combined. What is more, instead of de-sensitizing the bowel, it tends rather to impart *tonicity* to it, so that increase of dosage, as time goes on, is seldom necessary.

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Junket Buttermilk Tablets.

Hansen's Junket Buttermilk Tablets may be taken directly as a medicine, two or three tablets with each meal, chewing them with other food. The pure lactic acid bacteria make their way to the lower intestines, where they counteract the evil effect of putrefactive germs. The medium in which the bacteria in the tablets are preserved is sugar of milk, which is, of course, perfectly harmless.

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Proven Merit vs. Theory.

The thing that counts—RESULTS—have proven that a cod liver oil product with the grease left out is as active therapeutically, and more so when its palatability is considered, as the greasy, nauseating, unrefined cod liver oil. It is this feature that has won for Cord. Ext. Ol. Morrhuæ Comp. (Hagee) the good opinion of a large share of physicians, and it is why they continue to use it day after day.

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Tonic Effect Lasting.

The tonic effect of a cup of well-made Postum is genuine and lasting. That from coffee is fleeting and reactionary—the caffeine causing a subsequent depression of the nervous system. Postum is made of clean, hard wheat, and this includes the bran-coat, which contains the valuable tonic phosphates (grown in the grain), the elements nature requires for the elaboration of nerve cells. Postum may be used by every member of the family from the baby to grandmother, without harm, but real benefit.

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FALL CLASSES open in two sections: SEPTEMBER 21st and NOVEMBER 17th, 1910

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The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

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University of Penna., Penna. Orthopaedic Institute).

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St. Mary's, Philadelphia General Hospital (Block-
ley), Mount Sinai and W. Phila. Hosp. for Women,
Cooper Hosp., etc.)

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ACTS LIKE MAGIC

40 Years the Standard of Efficiency.

Instantly Stops that everlasting Smarting, Aching and Foot Weariness. Dissolves Corns and Callouses. Soothes and removes Bunions and all Inflammations. Relieves and Prevents Excessive Perspiration. A triumph of medical skill. Worked out by William Johnson, graduate of the London Chemical Laboratory. One cake will demonstrate it. Buy a cake today and know what Foot Comfort means.

Large cake, 25c. All druggists. Samples free on request.

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Arrow Brand Cream Polish is a scientifically compounded polishing solution for automobile brass work and all classes of work where a high grade, quick, thorough, easy-working and lasting polish is wanted for garages, hotels, bars, sign cleaners and for the household.

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Soften three cups of stale bread in an equal quantity of milk. Melt two squares of Walter Baker & Co.'s Chocolate over hot water and mix with half a cup of sugar, a little salt, three beaten eggs and half a teaspoonful of vanilla. Mix this thoroughly with the bread and place in well-buttered custard cups. Steam about half an hour (according to size) and serve in the cups or turned out on warm plate.

—Mrs. Helen Armstrong.

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Definite and Uniform.

Listerine requires careful laboratory manipulation, and unusual length of time for perfection; it is of definite and uniform antiseptic strength, and may be relied upon to produce like effects, under like conditions, whereas the substitutes and imitations so frequently offered by the trade are sometimes distinctly harmful, generally of undetermined antiseptic strength, and too often worthless for the purposes for which they are required.

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Toxic Anemia.

The causative factor being once removed or materially modified, restorative and hematinic measures are distinctly indicated. It is especially desirable in such cases to avoid the administration of drugs that tend to derange the digestion, and the ordinary, inorganic, metallic salts of iron should not be given, as they frequently prove irritant, astringent and

constipating. Pepto-Mangan (Gude) is the ideal hematinic in any condition in which the integrity of the digestive functions must be conserved and maintained, as the necessary iron and manganese are promptly absorbed without irritating the gastric mucosa or inducing a constipated habit.

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Robinson's Patent Barley.

Barley makes the most delicious and delicate dishes for those patients who must be on a light diet and have a capricious appetite. Many nurses never think of using it in any other way than for the baby. In the booklet which James P. Smith & Co., 80 Hudson Street, New York City, send out are given some excellent receipts and every nurse can have one of these booklets for the asking.

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The ACOUSTICON is the original electrical aid to hearing. It has had many imitators, but as the ACOUSTICON principle is patented, its results cannot be duplicated.

The ACOUSTICON cannot be compared with old-fashioned tubes, drums, speaking horns, etc., that have brought partial relief to people in years past. These instruments merely transmit sound. Most deaf people require not only reproduced but *amplified* sound and *clarified* articulation.

See advertisement in this issue.

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His Secret of Success.

"I do not see how you have the success you do with old age," said one physician to another.

"I'll tell you why," replied the second. "I believe I've found the only real solution of the problem."

"It's the use of a good malt extract. You know as well as I do how little can be done in such cases—a little toning is all. The breaking down of weakened tissues cannot be prevented nor remedied; so I just prescribe malt extract, taking particular pains to see that it is Pabst Extract, the 'Best' Tonic, for I know I can get the best results from that brand."

The declining years of many an aged patient would be made much more agreeable and the approach of "the last enemy" considerably postponed, were all physicians as frank as these two.

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1908 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and co-ordination exercises.

The instruction will occupy about seven months, beginning in October, 1909. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechano-therapy or separately.

This course last four months, and the fee is \$25.

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SPRINKLER
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Glyco-Thymoline will be sent

FREE
Express Prepaid

to any *Trained Nurse* on application.

We want you to know the value of *Glyco-Thymoline*. It stands on its merits.

Mention this Magazine.

KRESS & OWEN COMPANY
210 Fulton St., New York.

Trained Nurse Case.

How many nurses have sent for the Jalzahn Catalogue of Nurses Supplies? It is well worth your while to do this for the Valzahn Company, 1629 Chestnut Street, Philadelphia, have some splendid values in things that trained nurses need for equipping their emergency bags, and also for use in the sick room. See the adv. on front page in this number of the "Nonpareil" Trained Nurse Case. No nurse should be without this.

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Excite Glandular Secretion.

Without the slightest irritating effect on even the most irritable gastric mucous membrane, Seng gently but effectively excites glandular secretions. An improved circulation follows as a necessary sequence, and the adjacent tissues are correspondingly nourished. This means increased muscular tone and a much more effective motility of the gastric and intestinal muscular coats. Gastric motility itself promotes secretory activity of the inner coats.

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Local Treatment of Nasal Catarrh.

M. Clayton Thrush, Ph. M., M. D., of Philadelphia, reports having used Unguentine in a series of twenty-five cases suffering from catarrh of the nose and throat and in cases in which there was considerable discharge from the nose (hypertrophic rhinitis) and also where there were hard scales of inflamed areas developed. In every case, Unguentine proved of great value, affording prompt relief and, when used in conjunction with proper cleansing antiseptics by atomizer or nasal douche, never failed to give excellent results.

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Clinical Experience a Dependable Guide.

Countless physicians the country over have proven to their entire satisfaction that Gray's Glycerine Tonic Comp. fills an indispensable place in the treatment of all diseases in which lessened vitality is a prominent feature. It represents one of the notable advances in modern pharmacy, and many a practitioner has learned to rely upon it as his most valuable aid in increasing functional activity. Gray's Glycerine Tonic Comp. exerts an especially beneficial influence on the gastric and intestinal glands, thus stimulating the appetite, improving digestion and promoting assimilation.

Cheap, but Unsurpassed.

On account of the unreliability of the average fever thermometer, as sold by small druggists throughout the country, the Max Wocher & Son Company, of Cincinnati, have placed the Imperial grade on the market, which line of thermometers are thoroughly seasoned about twelve months before the tubes are calibrated, and each thermometer is tested, and these thermometers can be depended upon as reliable instruments. On account of the great sale this firm has on these instruments they have been enabled to reduce the price to hospitals who purchase the same in dozen or gross lots to a very low figure.

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Sturm Signal System.

The large increase in the number of hospitals makes it imperative that a method of signalling be used which is less expensive in operation than the present antiquated and noisy system.

The Sturm Signal System is

Simple in construction

Quiet at all times

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Fully guaranteed

List of buildings equipped furnished upon application. Relay Signal Company, 86 La Salle Street, Chicago.

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Something New.

The Welkom Warmer is a wonderful new device which has recently been put on the market and is attracting the attention of the medical profession and hospital authorities as the only modern, sensible and effective substitute for the hot water bag. It is heated within one minute by simply lighting and inserting a tube of blazeless, smokeless and odorless fuel lasting over two hours at a cost of less than one cent. As there is no water required in the use of the Welkom Warmer the necessity of making a fire and waiting for the kettle to boil is entirely obviated. Every nurse should write to the Welkom Warmer Manufacturing Company, 108 Fulton Street, New York City, for a free descriptive booklet, which thoroughly explains the merits of this new sick room necessity.

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For the Nursery and Sick-Room

BORAX is one of the mildest antiseptics known; in fact it is comparatively the only one known that is wholly safe to use in the sick room. Therefore, it can be used in the place of more powerful antiseptics, which are frequently the cause of poisoning a patient.

Borax can be used indiscriminately in the sick room for softening water with which to bathe the patient, and for thoroughly cleansing bed linen, soiled garments and utensils.

A boric acid solution is cooling and soothing for the eyes, for inflamed cuticle or the mucous membrane. Boric acid spangles are the best to use for making a solution. Boric acid in a powdered form is unsurpassed as a dusting powder.

20 Mule Team Borax, Boric Acid and Spangles are all packed in convenient cartons for the nurse to handle. The 20 Mule Team Brand is always a guarantee of purity.

Write for our "Magic Crystal" booklet—free on application.

PACIFIC COAST BORAX CO.

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Help Wanted ?

Would a quiet, efficient and unobtrusive assistant be acceptable to you during the long, nerve-trying hours of duty—an assistant that would relieve you of one-half the routine part of your work?

The R.R.R. helps for nurses will render you just such assistance—every one is a specialist in its own particular field, meeting every requirement of modern nursing.

One of these helps is shown in this advertisement—

The R. R. R. Thermometer Set—Mouth, Rectal and Bath Thermometers

In a Combination Case

that will insure your readiness for all thermometer emergencies. It will **PAY YOU** to know about the R.R.R. method of replacing broken thermometers.

The R.R.R. helps also include charts for every purpose—bed-side, maternity and T. P. & R.—and the **READY REFERENCE REGISTER**, the history of your own personal experiences.

You are entitled to a free and complete set of samples of these "Silent Sick-room Assistants;" to get them just write "Please send samples of the R.R.R." over your name and address on a postal. Address the postal to

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When you write Advertisers, please mention **THE TRAINED NURSE.**

Typhoid Fever.

In the treatment of this disease it is necessary to control the patient's temperature and to keep the alimentary canal in as nearly aseptic condition as possible. The effort of the physician must, however, be directed toward preventing intestinal perforation. No other remedy will accomplish this so readily or more satisfactorily than Daniel's *Passiflora Incarnata*.

Signed, WM. A. DONOVAN, M. D.

+

A Cheap Hospital Bed.

The Wallace Adjustable Hospital and Invalid Bed is giving excellent satisfaction to its many users. Hospitals can readily procure from \$3.50 to \$6.00 per week additional for rooms equipped with it. It not only gives a great amount of comfort to the sick and injured, but saves so much labor in nursing that it is practically indispensable. The middle section drops for use of bed pan and douche; no lifting or moving of patient necessary. Write for special prices to hospitals, physicians and nurses. See advertisement in this issue.

+

Borax Is Harmless.

Dr. Harvey W. Wiley, Chief of the Bureau of Chemistry, conducted a series of experiments to determine the effect of Boron Compounds on the human system. He administered borax and boric acid to the members of the experimental squad in capsules. In the report of "The Influence of Borax and Boric Acid on Health" he says: "It is, nevertheless, an interesting fact to note that at the end of the year, after the final 'after period' had been passed, they appeared to be, and declared themselves to be, in better physical condition than when they entered upon the experimental work seven months before."

+

Ergoapiol (Smith).

Medical men frequently encounter cases where, from one cause or another, the menstrual function has abnormally lessened or ceased entirely, giving rise to a distressed mental state in what is probably a nervous and excitable patient. Fears of impending evil once aroused cause an aggravated degree of mental distress, which is most decidedly not beneficial to the patient's welfare, and a medicament such as Ergoapiol (Smith), which invigorates the reproductive and sexual sys-

tem, is welcome to the much-harassed professional man in search of a preparation which is simple and easy to administer.

+

Uses for Cold Cream.

How many nurses have tried using cold cream to relieve chafing or for soothing the skin where it has been rubbed and irritated by contact with the sheet when a bed-patient is restless? Also for rubbing the back after using alcohol to prevent bed sores, and for keeping the hands and feet of fever patients soft when the constant fever makes the skin hard and dry?

Daggett & Ramsdall, 314 West 14th Street, New York City, make a perfect cold cream, and any nurse sending her name and address will receive a liberal sample.

+

The Diet After Abdominal Operations.

Paterson says that there is still a lingering superstition that patients must be half-starved after an abdominal operation.

As soon as the patient wishes a drink, small quantities of hot water are given, and if this is retained one ounce doses of milk diluted with two parts of water. The quantity is gradually increased up to two ounces hourly. On the day after the operation, Bengel's Food and calves' feet jelly are given as well as milk. As soon as the bowels have been opened the patient is allowed fluid ad libitum, eggs, thin bread and butter, and other soft solids, and usually ordinary diet is resumed in a week or ten days.

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You Should Know This.

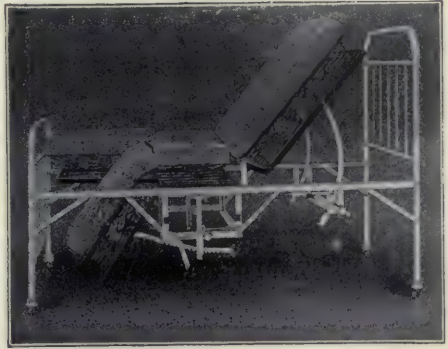
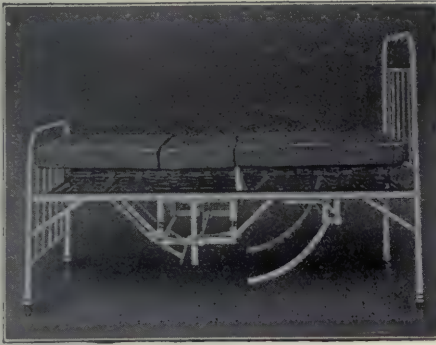
The United States Chemical Company, with laboratories in New York and Chicago, have decided to market their goods direct to nurses and hospitals.

The United States Chemical Company, one of the largest producers of antiseptics and disinfectants in the United States, are manufacturers of a standard line of disinfectants. Dr. Carl L. Barnes, president of this company, has for over twenty years given special attention to the subject of disinfection and disinfectants. During the yellow fever epidemic, Dr. Barnes was the sanitary officer in the city of Chicago, and this Company, under his direction, has grown to be one of the largest in the field.

See advertisement in this issue.

The Wallace Adjustable Invalid Bed

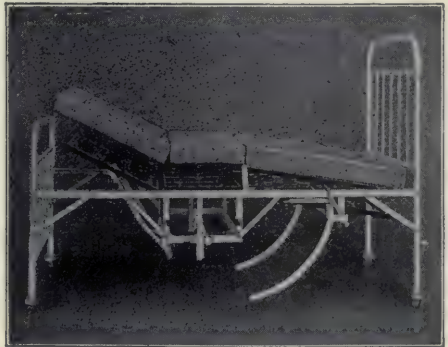
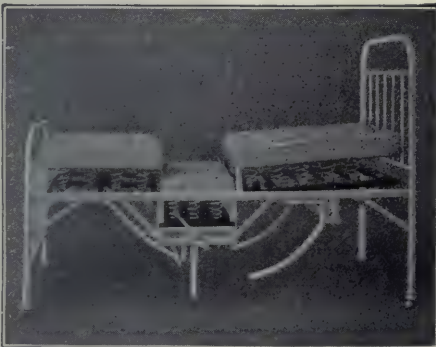
Greatest Invention of the Age for Suffering Humanity.



AN IDEAL HOSPITAL BED. Insures real rest for patient and saves 75% of labor in nursing. Instantly and easily adjusted to practically every position obtainable on an operating table, without lifting or moving patient. Middle section lowers for use of bed pan or douche. Endorsed by Physicians and Nurses. Simplifies bathing and changing of bed linen. Prevents bed sores. It is invaluable for Obstetrical cases. An ideal fracture bed; fractures once set give surgeon no worry. The additional height facilitates handling of patients.

The Wallace Bed soon pays for itself in the increased charges obtained for rent of rooms furnished with it. Many hospitals and sanitariums are not only making a reputation for efficiency and up-to-dateness by using this bed, but are also making big money out of it. Why not you?

Our bed is made entirely of metal, indestructible, Japan and white enamel finish. Shipped complete with easy box springs and fine soft felt mattress, the same day order is received. *Special discounts to Physicians, Nurses and Hospitals.*



Write to-day for free illustrated descriptive booklet.

WALLACE INVALID BED CO.

209 State St.,

Dept. J, Chicago, Ill.

The Publisher's Desk

The Trained Nurse and Hospital Review

A Monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKESIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

Annual Subscription, post-paid.....\$2.00
Single Copies20

Entered as second-class matter at the New York Post Office, March 14th, 1901.

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TO CONTRIBUTORS.—We pay liberally for all Original Articles.

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Illustrations for articles are particularly solicited. All expense for drawings, plates, etc., will be borne by the publishers.

No responsibility is accepted by the Editors or publishers for the opinions of contributors, nor are they responsible for any other than editorial statements.

Books and monographs will be reviewed promptly.

Short, practical notes upon personal experiences or brief reports of interesting cases, with results from remedies, new or old, will be welcomed.

The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

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Book Review (Continued).

Prescription Writing and Formulary. By John M. Swan, M. D., Associate Professor of Clinical Medicine, Medico-Chirurgical College of Philadelphia. 32mo of 185 pages. 1910. Flexible leather, \$1.25 net. For sale by the Lakeside Publishing Company.

This book is designed especially for physicians, and the author expresses the hope that it may result in a diminution of the number of errors in the form of prescriptions, of the inaccuracies of doses, and that pharmacopial preparation may be found more advantageous than substances of unknown composition, although of elegant appearance. The greater part of the book is taken up with formulæ for the treatment of different diseases, arranged in alphabetical order.

We beg to acknowledge:

Public Health. The Bulletin published quarterly by the State Department of Michigan.

The Gouly State, a compilation of abstracts from recent literature on this subject. By W. J. Morrison, price 25 cents.

The State and the Death-Roll, by E. E. Rittenhouse, president Provident Savings Life Assurance Society, of New York.

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Please Observe!

Have you noted the many new advertisements in the want columns this month? If not, we suggest that it would pay you to read that department. Some of the advertisements are official announcements.

While you are about it, it might be worth while to look over the two premium pages. Two new books have been added, and the list has been corrected, including several new editions of older works.

And, by the way, we hope you have not neglected to read the prize offer page. If so, you are really missing something worth while.

Lastly, if you are a modern up-to-date nurse, by which we mean one who appreciates advertising and knows that the advertising pages are a valuable part of this magazine, we call your attention to the many new advertisements in this issue.

DESPITE the fact that the therapeutic value of Ergoapiol (Smith) is so decisively established that it is now the most extensively employed agent of its class, it is worthy of mention that the superiority of the product is due to the special form of its chief constituent, apiol, and the excellent quality of its other components.

THE apiol employed in the production of Ergoapiol (Smith) differs radically from the various commercial apiols, in that it is decidedly more potent as a utero-ovarian stimulant, yet does not produce any objectionable by-effects. This apiol, which is used exclusively as an ingredient of Ergoapiol (Smith), and is not procurable in any other form, is manufactured by a process of our own invention, whereby the drug is obtained in a true state.

IT is because of the special form of its principal constituent and the excellent quality of its other ingredients that Ergoapiol (Smith) affords results which cannot be obtained from mixtures of "commercial specimens" of its components; hence it is important that the practitioner guard himself against substitution when prescribing the preparation.



THE APPROVAL of the most EMINENT PHYSICIANS and its WORLD-WIDE ACCEPTANCE by the WELL-INFORMED

BECAUSE its COMPONENT PARTS are KNOWN to be MOST WHOLESOME
and TRULY BENEFICIAL IN EFFECT, have given to

SYRUP OF FIGS and ELIXIR OF SENNA

the **FIRST POSITION** among **FAMILY LAXATIVES** and have led to its general usage with the most universal satisfaction. It cleanses the system gently yet promptly; acts naturally and beneficially on the kidneys, liver and bowels; assists in overcoming constipation permanently.

TO GET ITS BENEFICIAL EFFECTS, ALWAYS BUY THE GENUINE

MANUFACTURED BY THE

CALIFORNIA FIG SYRUP COMPANY

THE GENUINE—SYRUP OF FIGS AND ELIXIR OF SENNA—IS FOR SALE, IN ORIGINAL PACKAGES ONLY, BY RELIABLE DRUGGISTS EVERYWHERE

One Size Only

Regular Price, 50c. Per Bottle

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A SIMPLE, SILENT SIGNAL SYSTEM FOR CALLING NURSES IN HOSPITALS

No Miniature Lamps, Storage Batteries, or Charging Machines. Operates from either direct or alternating lighting current. In successful use in over fifty hospitals. List on application. Write for pamphlet 810.

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"Mum"

takes all the odor out
of perspiration

and removes all odors of the body. You need it, Winter or Fall or Summer, in hot crowded places, and for personal comfort—everywhere.

It lasts from bath to bath; one jar of this snow-white cream lasts a long time.

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25c at drug- and department-stores.
If your dealer hasn't "Mum," send us his name and 25 cents, and we'll send it postpaid.

MUM MFG CO 1106 Chestnut St Philadelphia

Quilted Mattress Pads

THREE SCORE and TEN YEARS is a long life, yet about one-third of it is spent in bed. Then why not make your bed as comfortable as it can be made.

Quilted Mattress Pads



will not only make it comfortable, but as they are spread over the mattress, they will protect it, and will keep your bed or baby's crib in a perfect sanitary condition.

"None genuine without
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Quilted Mattress Pads

wash perfectly, and are as good as new after laundering.

They are sold in all sizes by dry goods dealers.

EXCELSIOR QUILTING CO.

15 Laight St.,

NEW YORK

The Trained Nurse and Hospital Review

VOL. XLV.

NEW YORK, OCTOBER, 1910.

NO. 4

The Super-Nurse*

PEARCE BAILEY, M.D.,

Physician to the Neurological Institute of New York.

THERE is something mysterious and solemn when a company of young people, having completed the preparations of their life work, meet together for the last time. Every year such meetings take place all over the world, and then the band of union is broken and the individuals scatter, never to be a complete company again, but to go to all parts of the earth to carry the seed of their education and to plant it and thereby to become the active distributing agents of what our civilization and our progress has found to be best worth preserving and cultivating.

I do not know whether the commencement season falls in the spring by accident or design. But it is a fitting symbol that those who are to replace the old with the vigor of youth and the freshness of newly acquired knowledge should go to their places in the general scheme of things at the same time that nature has chosen for rebirth.

The profession you have chosen is one of the oldest in the world. As long as there have been people who are ill there

have been some willing and anxious to take care of them. The earliest authentic records which we have of a medicine which approaches in any way the medicine of our times comes from Hippocrates. But if you will read the writings of Hippocrates you will find fewer facts in them than is taught in the training schools to-day. He had less opportunity to learn anatomy than you have; he knew less about drugs than you do; and if this father of medicine were to-day to come back to earth and present himself for examination with the purpose of becoming a registered nurse, I fear very much that his name would not be among the list of graduates.

In the days of Hippocrates, and for long afterward, medicine was closely linked with religion, and during the Middle Ages nursing was largely in charge of the religious orders. Vestiges are still seen of this in the various orders of sisters and in some Catholic countries like France, where nearly all the nurses were, until very recently, Sisters of Charity, and even in our own country to-

*Address delivered to the graduating class of the Cochran Training School for Nurses of St. John's Riverside Hospital, Yonkers, N. Y., on June 15, 1910.

day, in the Roman Catholic hospitals, such as St. Francis', the nurses are Sisters of Charity.

I am loth to believe that nursing has lost the motives of charity which gave it birth, but it has none the less become a definite and legitimate means of livelihood as the profession of medicine always has been.

With the broadening tendencies of organization it is now one of the most important, if not the most important, variety of woman labor. The recent convention of trained nurses held in New York packed one of Columbia's largest halls with alert women from all over the country. To-day the trained nurse has many opportunities to specialize. In addition to being the private nurse, who supports herself and often most of her relatives, she may, if she likes, be a missionary, a district worker, hourly nurse, a teacher, a craftsman and a constructive organizer.

The latter feature is rapidly becoming of great importance. With the steady growth of hospitals in this country calls for competent organizers of hospitals, training schools and superintendents of nurses are becoming more and more urgent. It is also one of the best paid professions for women. Trained nurses as a class receive higher compensation than any other variety of woman workers. In addition to the salaries, the nurse gets very material advantages in these days of high food prices. She also has opportunities to travel and to profit by valuable acquaintances.

While trained nursing as a modern profession took its birth in England, it has reached its highest development, like so many other things, in America. Our training schools and the women they produce are unequaled anywhere. They

are appreciated at home and abroad. The American resident of foreign cities insist on having American nurses to take care of them when they are ill, and nurses are well represented in every transatlantic passenger list.

But I sometimes wonder if, by our very excellence, by our production of the perfected craftsman which the modern trained nurse is, with her knowledge of diatetics, of chemistry, trained as she is in regularity and discipline, familiar as she is with the technical details of so many diseases, whether we do not get away perhaps a little too far from certain features which are human, rather than professional, whether the nurse has not become perhaps too much of a nurse, and is thereby in danger of losing some of the charm and the power which she has as a woman?

This question arises in my mind, not from my experience as a physician, but as an outsider; not from professional contact, but from the experience of every one who has friends who fall ill, and who cannot be happy until everything is done for their comfort and until they are well again.

One of the worst nurses I ever knew is a woman who I think I would rather have about me in illness than any one I ever met. She is a short, plump, round-faced Irish woman who, by some means or other, got a diploma from a large London hospital. She would write her orders on her apron, and, as she changed these twice a day, when it came to look up the doctor's orders, they were generally in the wash. She was forgetful, and your superintendent would call her incompetent, as she was ignorant of many of the things which, I am sure, all the present class know. But at the same time she so invariably looked on the

bright side of things, her laugh was so spontaneous and contagious, her rosy cheeks beamed out health and encouragement and optimism to such a degree that she more than made up in the charm of her personality what she lacked in the knowledge and other qualities which every nurse ought to have.

We all like skill, but some of us like other things, too. A friend of mine, a lady, was once ill, in Egypt, of some painful abnormal trouble of which the diagnosis was always in doubt, but her mind kept clear throughout the illness. It was necessary for her to be moved from place to place and to have a nurse who could do this. There were no trained nurses to be had, and for this purpose there was called in a Sudanese warrior. He was six feet four in his stocking feet, battle-scarred and cross-eyed; he had never heard of St. Elizabeth, or St. Catherine, or Friederike Fliedner; but in his muscles slumbered the strength of a Colossus united with the gentleness of a child. In subsequent illnesses, when this lady has had real trained nurses, she always goes back to the time when this big Egyptian, light-footed and gentle, lifted her with ease, fanned her for hours with infinite patience and stilled her pain by the sweetness of his smile.

Now, I am not advocating male nurses for women patients, or for men patients either, for I know very well that women have in them a power of making illness bearable, which is a development of the maternal instinct, and which no man can ever acquire. But the question I wish to ask is, Whether the peculiar fitness of woman, which is a gift of nature, spontaneous and not fed by learning, is in danger of being sidetracked a little by the technical accomplishments of art? I know I am discredited at the outset, and

that every superintendent will say no. But, nevertheless, I want to mention a few things which seem to me quite as important as holding retractors or testing for albumen.

To know how to read well is one of the first. And it is equally important for the nurse to know what to choose to read for individual patients. I think every nurse ought to have a list of books which are suitable for different tastes, for different ages, for different conditions of strength of patients, which she can recommend from experience. A bad choice is often fatal. I am a great admirer of Robert Browning, but I had to step in and interfere once because a nurse insisted on reading every canto through of "The Ring and the Book" to one of her patients. The only trained nurse I ever had offered to read to me, but after a little I found that I got more pleasure from watching her read to herself than listening to her read to me. I gave her "Tess of the D'Urbervilles," and, by noting her sighs as she devoured this romance, I could easily follow poor Tess's troubles and forget my own.

The training school teaches you how to care for very ill people. But the fact is that the trained nurse is only a trained nurse for about half of the time. A person with typhoid fever is ill for three weeks, and for seven or eight weeks he is a weak, irritable, plaintive invalid, and during this latter period he must be encouraged or diverted, or sometimes scolded a bit. It is the same way with most other acute diseases. After the stormy battle is over the duties of the nurse are to repair the ravages, and during this time more demands are made upon her personal qualities than on her professional training. And so it is

throughout the whole career of nurses. They are called upon to be children's playmates, mothers' helpers, amusement bureaus. They must be able to make a room look neat, arrange flowers, answer the telephone, and keep the cook from leaving. Often enough they must put up with hardships, though not as many as in the days of Elizabeth Fry, and must resort to many makeshifts. The best nurse I ever knew used to go South every year and work several months in the families of the poor whites. She worked for nothing, but felt herself repaid by what she gained in self-reliance.

There is no profession in which tact is more necessary than in yours. Over and over again you will see things going a way in which you think, perhaps, they ought not to go. You may see domestic differences that you think you might benefit by interfering. 'No rules can be given by which a nurse can acquire the happy faculty of speaking when necessary or keeping quiet when necessary. It is one of those God-given gifts which may be improved by experience, but which cannot be taught. However, I think one rule can always apply here as everywhere else—that it never pays to try to patch up differences between a man and his wife.

My experience is that nurses and doctors always get along well together, but sometimes you may see treatments ordered that you think are not right, or may come to the conclusion that the physician in charge is not as competent as he ought to be. I have on a few occasions seen benefit result when nurses openly insisted, through the family, of course, on consultations or on changes of treatment. This is always very dangerous, and should only be resorted to under exceptional circumstances—not

for the reason that all physicians are good or any are infallible, but for the reason that a patient's confidence in the physician is half the cure, and if this is once shaken the result may be more unfortunate than a wrongly ordered treatment. We all have our ideals of physicians. Of mine the one I have read of is William McClure, of Drumtochty; the one I knew was William Sherman, of Yonkers.

There is another rule, which admits of few exceptions, which you may follow, and that is to keep your knowledge of disease to yourself. Don't talk to your patient about preceding cases, or about how illness turns out, excepting in so far as you can tell him that they always turn out well. I recently heard of a doctor who told a young girl that he had seen hundreds of cases just like hers, and none of them got well, and that she need harbor no hope of ever getting well. The effect on the patient was most disastrous. I fear in this case the doctor was right in his diagnosis, though wrong in his philosophy. But I have known of other cases of doctors priding themselves upon their frankness with their patients, but in which the patients got well, in spite of the doctors and in the face of the gloomiest prognosis. Even the wisdom of the great god Bud is not perfect, and there are few things unalterable in the practice of medicine.

Two years ago I was called to Paris to see a patient who, when I got there, seemed to me to be in extremis. I cheered the patient as well as my own gloomy fears would permit, and cabled home that "George had three months to live." When I was in Paris last winter George came to see me, the picture of rosy and robust health, and his cordial indulgence for my blunder convinced me

that all the noble people were not in the medical profession.

It is sometimes difficult, in the face of direct questions, to be absolutely truthful with your patients. It is, however, easier for a nurse than it is for a doctor, as the nurse can always answer that she does not know, and the doctor must decide. But, entirely apart from the question of ethics, I am sure the best rule to follow is never to deceive your patient under any circumstances. Occasions arise in which this seems very difficult and even inadvisable, but in the long run you will find that you will gain by making it a practice.

In your position as nurse, you will come across many secrets, many skeletons in the closet, many things which you either find out yourselves or are told to you. All of these must be held absolutely sacred, as the nurse should be bound by the same oath as the physician. In the pictures and sculpture of Japan one frequently meets the legend of the three monkeys. To teach the moral one is figured with hands over ears to prevent hearing evil things; another with hands over eyes to prevent seeing bad sights, and the third with hand over mouth; so that no ill-judged utterance may issue therefrom. We cannot avoid seeing and hearing evil things. But the third monkey should be a model to us and should be added to the goat as a symbol of Aesculapius.

It is a great regret to me that there are so few opportunities for nurses to have included as a part of their training the nursing of nervous diseases. As soon as you come out into practice you will find that a good proportion of the patients that you have to treat belong to the class of nervous invalids. But you, com-

ing fresh from typhoid fever and from pneumonia, and from operations, have had little experience in the long, tedious struggle with this variety of vampire, and doubtless will find it dull in comparison with the active life of the wards. We have now established in New York a hospital for nervous diseases. We receive the borderland states between sanity and insanity, and we treat a great variety of nervous cases in which all the expressions of disordered nervous systems come out.

I cannot too strongly advise any of you who have the opportunity to take a course of a few months in such a hospital, and to acquire, before you go into private work, the experience with nervous patients which is so essential. In such wards you will learn how to direct the patient's mental attitude, how to make him cheerful, how to make him look on the bright side of things, and take his thoughts away from the gloomy side of things. You will do this partly by persuasion and partly by directing the patient's mind from himself, which are at the basis of the form of treatment that we hear so much of nowadays—namely, psycho-therapy. The nurse should be a psycho-therapist above everything else. If she is not born with the gift, like the bone-setters, she can only learn it by experience. Once you become familiar with nervous people you can stand with more equanimity the fault-finding and irritability which are so common in them and which are part of every convalescence.

I can do no better in wishing you god-speed in the career you have chosen than to urge you to cultivate the spirit of optimism. Hold high the torch of hope for yourself and for others. Dr. Trudeau, the Adirondack missionary, whom the medical profession of America consid-

ered this year as their most representative member, says: "As I look back on my medical life, the one thing that seems to stand out as having been most helpful to me, and which has enabled me more than anything else to accomplish whatever I have been able to do, seems to me to have been that I was ever possessed of a large fund of optimism; indeed, at times optimism was about the only resource I had left with which to face most

unfavorable conditions and overcome serious obstacles."

And I say encouragement has a higher percentage of cures to its credit than serum therapy, and cheerfulness has prevented more disease than antiseptics. Optimism is a pride in our accomplishments which justifies confidence in our future. By keeping it constantly with us we benefit our own selves, our patients and our profession.

A Letter to Waltham

A letter written by Florence Nightingale to the nurses of the Waltham Training School:

LONDON, Dec. 23, 1896.

DEAR NURSES—God bless you and every one. And what does His blessing mean to us Nurses?

Does it not mean that, as nursing has to do with the body, which is the "temple" of the Holy Spirit, has to do with life and death (not with books), all our work in it must "begin, continue and end" in Him?

1—A good nurse must be a good woman.

A good woman is one who gives the *best of a woman*, intellectual, moral, practical to her patients under the orders of a doctor.

Not a literary woman. More than one doctor has said to me of a nurse: "She knows as many words as I do, but she does not know how to make a patient comfortable."

Books may do much—classes more—clinical classes especially. You can learn much out of lectures as to the reason of what you are doing, why you do this and not that. But a nurse is not a lecturer. You may know all that and your patients not be the better of you.

2—Let us never consider ourselves as finished nurses. It takes five years to make a

good ward "sister" (head nurse). We must be learning all our lives.

3—Besides, every year we know more of the great secrets of nursing—also one conundrum has superseded another. "Gentlemen," said a professor of the St. Thomas Hospital, now dead, to his students, "disinfectants are of the utmost importance—they make such an abominable stink as to compel you to open the window."

The aseptic has superseded much. A great doctor, a friend of mine, said: "Call it germs, bacillus or dirt, what you will, the treatment is the same," i. e., cleanliness. The aseptic means absolute cleanliness.

4—Let us not treat nursing as a sacrifice, but as the great delight of life.

5—Would you offer less than a perfect nursing to God?

6—Let us make nursing less a matter of business and more of a calling. It is a noble calling, but *we must make it so*.

Do you agree that this is what His blessing means to us nurses?

F. N.

Your beloved and admirable superintendent asked me to write you. May we all take example by her.

F. N.

From a fac-simile letter published in the report of the twenty-fifth anniversary of the Waltham Training School.

A Few Lessons From the Life of Florence Nightingale

CHARLOTTE MANDEVILLE PERRY,

Superintendent Grace Hospital, New Haven, Conn.

WHEN reviewing the lives of great characters it is well to gather up, in order that we may imitate those noble qualities of mind and heart which inspire us with so much enthusiasm. Otherwise such examples are lost; for us they have lived in vain. It was what Florence Nightingale was in herself at the time of her supreme effort which enabled her to do what she did. From childhood up, with a most natural development in the midst of a rarely beautiful home, she seems to have been fitted, as few are, for the exercise of that far-reaching influence which culminated in a special work at a crisis of the world's history. From that highest point there reflects a glorious light over the successive years of her life—a light which will leave a glow even though she has passed from sight.

How much she has said about the preparation for our life-work, if we wish to make "God's business succeed." Just that expression, "God's business," speaks of the deep religious foundation which she thought so necessary a part of our equipment. Was it not needed in facing the degradation of the nursing and of the hospitals of the period? Is it not ever needed if we are to keep the profession thus raised up to a high level? That her religion was not mere sentiment is abundantly proved by her writing so frequently, so insistently upon the necessity of technical training in nursing and business detail, as well as by her having

founded the first training school as a means to securing these ends.

In the character of Florence Nightingale there are certain qualities which stand out clear and strong from earliest years. First of all, there was that true sympathy for suffering, whether in man or animal, which expressed itself in action for the relief of the sufferer, and an inner spirit of hopefulness regarding the success of her endeavors for the patient and his power to respond, which not only reacted upon the patient, but nerved her own arm; there was an indomitable perseverance and fortitude, all of which produce an ideal nursing character. However, one can fancy all these traits without including that calmness, self-control, gentleness, combined with courage of conviction, clear vision, decisive action, and that retiring nature which studiously avoided all publicity which she possessed to so remarkable a degree.

"Gentle ways and polite manners help greatly to further the kingdom of God," said Pastor Fliedner when Florence Nightingale presented herself at Kaiserworth for the training she had advocated. She would not have recommended to others what she would not herself undertake. As she stood face to face with her appalling task of improving the nursing and the hospitals of that time, she viewed a condition inconceivable to members of the profession to-day. Her power of application, of so shaping

her work as to bring about most quickly the needed reform; her freedom from religious bigotry and from a harmful aggressiveness, whereby unnecessary antagonism might have been provoked; her real love for the poor and for the sufferer, whoever he might be; the attention given to hygiene from the first starting out; her visits to the hospitals of her own and different countries through which she gained an actual, comparative knowledge of them opened to her the various avenues in which her influence spent itself with such universal profit. For all branches of nursing—in hospital or private home, for army and visiting nursing and social work she laid fundamental rules with a heart in them. Her work was in advance of the time. She pointed out principles like that of nurses learning to nurse "*in a hospital*"; of the affiliation of schools, as in the establishing of a course for the training of visiting nurses at the Liverpool School and Home for Nurses; of placing graduate nurses in charge of charitable institutions as matron, and of forming organizations for providing nurses for those unable to pay. Through the last mentioned it was found that nurses sent out in this way accomplished the best kind of social work by preventing "indiscriminate charity, by teaching patients how best to help themselves, and by showing them ways of stopping the cause of disease and the cause of infection which spread disease."

Her marked success was well won, and largely due to her diligence, to that good English perseverance which falls at one's post rather than give up, or allow oneself to be beaten. But most of all was it due to her large heart, to that tender concern for suffering which would not permit her to rest till something had

been done to bring the desired help. She has rightly been called the "soldier's friend," the "patient's friend." In reading her life one cannot but be impressed also with the absence of an obtruding personality. She was womanly and wished to keep within woman's sphere, though ready to do anything and everything for the furtherance of "God's kingdom." In this way she had the confidence and co-operation not only of the doctors, but of army officers, so that they even sought her advice as possessing a superior knowledge and judgment in matters relating to sanitation and hygiene, to reconstruction and reform. As a result, vast reforms were effected in the English army, especially in India. Like Dorothea Dix, she has possessed that persuasiveness which appeals not only to the heart, but to the head, and a great deal of what she has accomplished is owing to her ability to make others see the need and others again to help themselves. Her humanitarian views were sound and effectual in stirring those springs of effort on which every individual soul depends for success or for reformation. Do we not well sit at the feet of the Queen of Nurses and learn wisdom?

Now that so many spheres of usefulness are opening for women, there is much which can profitably bring into play these noble characteristics. There is real danger of true proportions being lost, especially if personal interests are allowed to creep in, and unnecessary prejudices like little foxes destroy the vines. This last thought reminds us of that largeness of purpose, tempered with wisdom, which preserved the good while it lopped off the injurious things. The supreme test was at Scutari, where those in office were blameworthy for the most awful

state of affairs in the barracks-hospital—a human pen, with even food denied. Yet not an officer but recognized that she respected his office while denouncing the wrong with no uncertain voice. It was by persistent effort and appeals that needs were finally met. Soon all were

pulling together, doctors and nurses sacrificing their lives in the common cause. "United we stand, divided we fall." As the warning note sounds, let selfish ambition in all its forms flee away, that the bad may be forgotten, while the good is remembered.

An Interview with Miss Nightingale

In his address delivered at the twenty-fifth anniversary celebration of the Waltham Training School for Nurses, Dr. Worcester gave the following account of an interview with Miss Florence Nightingale. When he first asked for an interview Miss Nightingale referred him to others, but eventually consented to his coming.

"If," as she wrote, "there was anything to be learned by our talking together."

Dr. Worcester says: "I shall never forget Miss Nightingale's graciousness. She kept asking me questions about this training school. I wanted to ask her questions, but could hardly get one in edgewise—hers came so fast: How much time did we spend in this, how much in that and the other thing, and what were we really trying to do? Finally, when I did get in a few of my questions as what she would advise us to do here and what model she would advise us to follow, she told me at once where to go, and urged me to study and copy one particular small school in London, where, as I afterward found, the pupil nurses, before being sent to the hospitals for one year's training, were first tried out, as it were, in work with district visiting nurses, and then, after their hospital year, were given the rest of their training in the homes of their patients. She told me of her disappointment in the development of the hospital training schools, which, she said, were making scientific nurses technically admirable but without the needed love for the art of helping the helpless. When, on leaving, I asked her if she

would let me send our superintendent to her, she promised her heartiest assistance, which promise she most beautifully fulfilled."

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Extract from Letter

Extracts from some hitherto unpublished letters written by Miss Florence Nightingale have recently appeared in a number of the Christian Commonwealth, London. These letters were addressed to Surgeon James Pattison Walker, in India, and were written between nine and twelve years after Miss Nightingale's return from the Crimea. One of the most interesting extracts was written on Aug. 10, 1868, and is as follows:

"It is also eleven years this very day since I was taken ill with the illness from which I have never risen again. You see how much I have to thank God for, who has indeed led me by a way which I have not known. At the same time He has seen fit to send me troubles and trials, like waters which one could not cross, were one to look down into them. I am almost the last survivor of my fellow workers in England, men, some of them, but little older than I. And this very year has seen the death of the best and dearest of my pupils, my 'Una,' who was many years younger than I.

"Life, under this discipline, loses—shall I say?—or gains all its value. It becomes but as a part of eternity. And past and future would seem almost more a reality and a presence than the present were it not for pressing duty."

The Founder of Our Profession

WINOGENE PENNEY.

ONE May day in the year 1820, in Italy, near the city of Florence, a little English baby first saw the light. It was Florence Nightingale. Little did her gentle mother think of the baby's name becoming a household word throughout the whole civilized world.

Florence Nightingale's home was in England, and there she grew into girlhood and womanhood. Her father was an educated and wealthy man, and neither time nor money were spared in giving the little Florence the best of educational advantages. She was a sweet, simple child, with a heart full of love and tenderness for all creatures, especially men and women and little children who were poor and unable to care for themselves.

She spent her young womanhood in studying hospital conditions at home and abroad. The comparison was not favorable; the nursing in England's hospitals was in the hands of the coarsest type of women, not only untrained, but caloused in feeling, and often grossly immoral. The characters which Dickens describes in his works as "Sairy Gamp" and "Betsy Prig" are not caricatures of a wild fancy, but persons who actually lived and put the stamp of contempt and ridicule upon the vocation of nursing.

In contrast to this repulsive set of women whom Miss Nightingale encountered she found on the Continent the sweet-faced Sister of Charity—pious, educated, and trained. For centuries the Roman Catholic community had trained and set apart holy women for ministering to the sick poor in their homes, and

had established hospitals supplied with the same type of nurse. A large number of these women were ladies of birth and culture, who worked for the welfare of their church, while all received proper education and training.

After Miss Nightingale's investigation through many hospitals she decided to take a course of training at a recently founded institution for deaconesses at Kaiserswerth on the Rhine. There a Protestant sisterhood were working on lines similar to those of the Sisters of Charity.

Theodore Fliedener, a German pastor, was the founder of this new institution. It was no easy task. He met with all sorts of difficulties, and the beginning was exceedingly small, but he never groped in the dark, his steps were sure.

Who can imagine the flutter of excitement at Kaiserswerth among the good peasant deaconesses as they fluttered about in their simple blue cotton gowns, white aprons, and trim muslin caps, when it was known that an English woman of wealth and position had come to stay among them! That such a woman should voluntarily undertake the duties of a hospital nurse, tending the poor sick with her own delicate hands, was at that time almost unprecedented. Miss Nightingale was quickly at home among her fellow-nurses, for she had a passion for hard work and a wealth of good common sense.

All too soon to both patients and nurses, her training months came to an end, and with the pastor's benediction, her great powers being dedicated to the

service of humanity, she went out from Kaiserswerth.

It was these two, the English gentlewoman and the German pastor, who successfully demonstrated to the civilized world its need for trained nurses. Modern nursing owes its origin to them, not to the medical profession, though it has been fostered by the combined efforts of pioneer nurses, physicians, and laity.

It was the Crimean War that brought to Miss Nightingale her hour to serve humanity most effectually. We will not try to picture the ghastly conquests and the terrible conditions and the almost unbearable suffering endured by the officers and men alike, but rather how Florence Nightingale, with her thirty-eight nurses, brought order and calm and good food and cleanliness to the thousands of soldiers out of the most indescribable chaos.

When the Crimean War had passed into history Miss Nightingale's heart was full of thankfulness that she might return to England. Her mind was very busy, for she coveted the best of things for the English nurses, and she wanted to help to raise the system of nursing to a degree of efficiency never before known. How great was her disappointment when she found her health was all but gone, and she would never again be able to enter her old active life. Yet not a day passed unoccupied. She was looking after the instruction of nurses in several hospitals. People all over England and Europe and our own America were writing to her for advice about hospitals and training schools, and freely and gracefully she gave, and always the help most needed.

The modern nurse is the result of a gradual evolution. It took time and work

and faithfulness for nursing to become recognized as a useful and even elevating vocation.

Miss Nightingale coveted the best women as probationers in the training schools. She said: "The commonly received idea among men, and even women themselves, that it required nothing but a disappointment in love, the want of an object, a general disgust, or an incapacity for other things to turn a woman into a good nurse, is like unto the parish where a stupid old man was set to be schoolmaster because he was past keeping pigs."

Miss Nightingale gave to nurses the highest ideals to strive for. She said: "Nursing is no holiday pastime. Nursing is an art; and to be made an art, it requires as exclusive devotion, as hard a preparation as any painter's or sculptor's work, for what is the having to do with dead canvas or cold marble compared with having to do with the living body—the temple of God's Spirit? It is one of the fine arts—I had almost said the finest of fine arts."

The profession of nursing is one in which every woman should be worthy of her vocation. It means an earnest, careful making ready for duty, and then a faithfulness to duty. As nurses we do not spend our years in training for the financial remuneration that may come, but that we may be more efficient "to serve whomever whenever we can."

We should never lose sight of Miss Nightingale's ideal for us, we should never forget our Alma Mater's careful training and instructions, and we should always remember the Lord Jesus commissioning us to duty for His sake—Inasmuch as ye have done it unto the least of these my brethren, ye have done it unto me.

Milk Stations

ANNETTE FISK.

ONE of the popular philanthropies at present, especially during the summer months, is the distribution of pure milk, both plain and modified, at reasonable prices, for the babies of those in poor circumstances. Five years ago such work was comparatively rare, but it has been spreading of late, and this summer milk stations have been started in many cities in Massachusetts, as in Lowell, Springfield, Worcester, to say nothing of other states. Although in general the plan is the same everywhere, there are still sufficient differences to make it interesting perhaps to consider two of the more divergent schemes.

I first became interested in milk station work the summer of 1906, when a combination of circumstances led to my having charge of the milk distribution opened for the first time that summer by the city of Cambridge, Mass. The Milk Inspector at that time, Dr. A. P. Norris, had direct management, and planned it, I believe, very largely after the method already in operation at Rochester, N. Y. At any rate, the general plan was as follows:

Five stations were opened in different parts of the city for the distribution of plain and modified milk, the latter being prepared at the central station by the nurse in charge. The other stations were also presided over by trained nurses, arrangements being made with the Cambridge Visiting Nursing Association for two of their nurses to have charge of two stations each for an hour every morning. Any one could apply for milk, with or without a doctor's order, and

where there was no order the nurse obtained the requisite information, weighed the baby, and prescribed the formula, the weight having much influence in the determination of the formula. It was also expected that the mother should bring the baby at least every three weeks to be weighed, that it might be clear whether or not it was gaining on the food. Each mother was given an excellent little pamphlet on the care of the baby in hot weather, and it was interesting to see how eager the mothers were for the most part to follow the advice given in it. While giving out the milk in the morning the nurse had an opportunity to inquire for the babies, and if they became sick could see that they had due medical attention. This side of the work is being emphasized more now, however, than it was the first year or two.

As it was largely pioneer work, and as the appropriation was not a large one and all the apparatus had to be purchased, some ingenuity was required to plan effectively and at the same time economically. Thus that first year, after thorough washing with a brush, all the bottles were sterilized, not in a steam sterilizer, as now, but by boiling in clothes-boilers. These were filled from the faucet by means of a piece of hose and were emptied through faucets set into the side near the bottom, a slanting false bottom allowing the water to drain out of the bottles simultaneously with the emptying of the boiler. Later on less water was used and dependence put upon the steam generated in the boiling. When taken out the bottles were set up in



STERILIZING BOTTLES.



FILLING BOTTLES.

trays that held nine bottles one way and six the other, and were covered with wet sterile cloths until time for filling, when nine could be filled at once by means of a special filler planned by Dr. Norris. A certain amount of evening up was required later, to be sure, but that was easily and quickly accomplished with a patent funnel, holding about a quart, with a spring to regulate the outflow. Everything was sterilized, of course, except the milk, which was exceptionally fine and pure, being obtained from the Cedar Hill Farm, one of the few certified farms in the neighborhood of Boston. Those in charge of the distribution believed that clean, unsterilized milk was the best food for the infant. The bacterial count seldom exceeded 2-3000 per c. c.

Cream mixtures were used, four modifications being put up. The substances used in modifying were water, lime water, and milk sugar, and the solutions of these combined in the right proportions were prepared and sterilized by boiling the night before. In the morning about 5:30 the milk came from the farm, heavily iced, and the top cream (10 per cent. fat) was drawn off. As more such light cream was needed, however, than could be obtained from the bottom milk required, additional heavy cream (40 per cent fat) was purchased and reduced by the addition of bottom milk. When the right amounts of top and bottom milk had been added to the solutions they were ready for bottling. At first absorbent cotton stoppers were used, and then an experiment was tried with rubber stoppers, but corks proved most satisfactory in the long run. When the bottles were all ready they were sorted into watertight, covered boxes and iced, that the milk might be kept at a proper tempera-

ture until delivered to customers at the dispensing stations. The prices charged were one cent for four ounces or less and two cents for anything more than that up to eight ounces, in the case of the modifications. Whole milk was ten cents a quart. This just about covered the cost of materials, there being a small deficit on the milk sugar. The lime water we made ourselves.

This good work has been continued in Cambridge every summer since and is going on now, a sixth station having recently been opened. I was in charge for two summers, but had not since been directly in touch with the milk work until last December, when I accepted the position of Supervising Nurse for the ten milk stations run by the Boston Committee on Milk and Baby Hygiene. My supervising duties, however, did not really begin until some time in January, and I first spent a week at one of the North End stations and then ran the station in Roxbury for some time. Even after I began the supervising I had direct charge of a small station in Cambridge. The methods employed by the committee, with whom I severed my connections a short time ago, are quite different in many ways from those followed by the City of Cambridge. The plan is much more elaborate and more costly. Whether the results differ greatly it is hard to judge, as the methods of calculation of the two organizations vary. Thus, the Milk Inspector in his report of the first summer distribution in Cambridge said: "The use of this milk last summer by some 250 infants resulted in a decrease of 16 per cent. in the city mortality rate for infants dying from acute enteric disturbances," whereas the Committee on Milk and Baby Hygiene in their report this spring say: "This table proves that

within the districts served by our stations the death rate during the worst months of the year was nearly 33 1-3 per cent. lower for the one-tenth of the babies who were under our care than for the nine-tenths who were not." So many things have to be taken into consideration in a comparison of such statistics that it is hardly fair to try to draw any serious conclusions.

The Boston committee uses inspected instead of certified milk and pasteurizes it. This inspected milk, which they claim differs from the certified only in that its bacterial count may run as high as 50,000 instead of 10,000 per c. c., is supplied by D. Whiting & Sons, at whose laboratory in Charlestown the modifications—in this case also cream mixtures—are put up. The committee has oversight of the special farms from which their milk comes, and of the laboratory, and decide what formulae shall be used. The prices of the milk as sold cover the cost of services as well as of materials used in preparation. They are consequently higher than in Cambridge, in spite of the less expensive milk used. All formulae may be obtained in pint bottles at the rate of nine cents a quart, while for the individual-feeding bottles the prices are 2, 2 1-2, and 3 cents for 4, 6, and 8 ounce bottles. It seems a pity that the individual-feeding bottles should be so high, as in many of the homes it is most undesirable to have pint bottles in use, as once opened the bottle is liable to stand about unstoppered. The cost of bottling in the small bottles, however, is high.

At each station, of which there are ten in different parts of Boston, a trained nurse is in charge. She is not allowed, however, to give out any milk except on a doctor's order. If a baby comes

without an order and the mother is unwilling or unable to go to a doctor for one, the nurse can give the formula she thinks best until the next consultation, but the child must come then for the doctor to decide about its food. For at least one, and often two or three conferences or consultations are held at each station every week, at which a doctor is present and to which the mothers bring their babies to be weighed and to report progress. Neither doctor nor nurse is supposed to treat sick babies, for the work is wholly a preventive one, the idea being to keep the babies well. When they get sick they are supposed to be turned over to their own family physician or to some hospital or dispensary or to the district doctor, until such time as they are well. If a nurse's care is needed the district nurse is called in. Ordinarily, however, the station nurse is required to visit at least once a week each baby taking milk at her station or coming to conference. If it seems desirable she goes oftener. On such a visit she learns how the baby is and tries to find out whether the mother is carrying out the doctor's orders. It is a matter of educating the mothers in infant hygiene, in the best way to feed, clothe and generally care for the baby, a very important part of the work. The chief value of the conference, it seems to me, is the added weight that may come from "doctor's orders."

Where the nurse gives all her time to the babies and to visiting in the homes she can give special attention to the urging of breast feeding. Many mothers think they have not milk enough, perhaps do not have, and either try to fill out with modified milk or even change to it entirely. In such cases the nurse can oftentimes, by advising the mother as to

her own diet and personal hygiene, make even part artificial feeding unnecessary, and so greatly benefit the child. Some very wonderful results have been obtained in Boston in the way of building up the mother's milk, in one case the percentage of fat being raised from a little over 1 per cent. to over 4 per cent. This testing of the mother's milk is a valuable aid in judging of breast-fed babies that are not doing well.

While on my vacation this spring I spent a week in New York and visited some of the milk stations there. Straus's laboratory was most interesting, and I visited some of the Straus stations also. I was told that they use nothing but certified milk, but it is all pasteurized. As their stations are very numerous—seven open all the year and eleven open during the summer—they employ their own special doctor at a salary to look out for the babies, and he devotes all his time to them, holding conferences at the different stations. There are also three nurses engaged in visiting in the homes, but that seems a very small number of nurses to care for so many babies. Some cream mixtures but more whole milk modifications are used.

The New York Milk Committee also runs four stations, with a nurse in charge of each and a supervising nurse in general control. The number of babies at a station is restricted to seventy-five, and the nurse is supposed to make twenty-five calls a week. Very little modified milk is sent out from the stations, as the committee believes in modification of the milk in the home. The nurses, therefore, teach the people to modify the milk at home, and only modify it at the station under unusual circumstances. This, of course, is most to be desired educationally, though to some it seems rather

risky to encourage home modification in the surroundings found in some quarters. At the New York Milk Committee's stations all the modifications are made from whole milk, not cream. In fact, whole milk and barley water seem to be used more and more as the foundation of all formulae, and it would be interesting to compare the results obtained from the two methods of feeding. Unfortunately most of my experience has been with the cream mixtures. I did help start a milk station in Springfield this summer, at which the whole milk formulae were used, but my stay was too short to throw any light on the subject.

There are several motives at work back of the present enthusiasm for milk stations. The main motive everywhere is the reduction of infant mortality, the prevention of a lot of unnecessary deaths, and, incidentally, the building up of stronger bodies for those who would in any case survive. One runs across people who maintain that the milk work keeps alive a lot of miserable babies who would be better off out of the world, and when we see some of the miserable specimens we might without further knowledge be inclined to agree, to a certain extent, with this view. Who is to tell, however, whether these same miserable specimens, if left to the conscientious but ignorant care of their parents, will die or live on in the same miserable condition? And who that has worked for any length of time among such babies has not seen some of them at least, when they got the right food, pick up and fill out and become as fine babies as one would wish to see? It is very wonderful what proper food will do for a baby, and where there is no real disease a baby

cannot be condemned for being merely skin and bones.

Educationally, the milk work may thus be made most effective. It approaches people on the side where they are perhaps most easily led, the side of their love for their babies. Parents realize the necessity for care in the feeding and tending of their babies as nowhere else,

and education along this line makes a good foundation for education along other similar lines. Moreover, through this education the babies, our future citizens, are given a better start in life, the foundations of our constitutions, as of our characters, being formed to a comparatively large extent in our earliest years.

Practical Points

With pleasure we welcome an interesting and useful invention by a nurse, Mrs. F. E. S. Smith, secretary of the Missouri State Board of Examiners, Kansas City, who has invented a solitaire board, which she has recently put on the market and which will be welcomed in hundreds of sick rooms.

It consists of a flat board with a support which opens out from the board, the board itself being cut out at the bottom to fit around the body of the patient. The board can best be described as plaited with tight plaits running up from the bottom, each plait deep enough to hold firmly a card or several cards. Thus a patient lying flat in bed can have the board placed around his or her body, where it will rest comfortably and with so little weight that it will not disturb any patient who is well enough to think of playing cards. On account of the support, the board has the proper slope and will not hurt the eyes, and by placing the lower end of the cards in the folds or plaits, the patient can play solitaire or any single game just as comfortably as if he or she were playing at an ordinary table.

The board is not expensive and those who are interested will see an advertisement in this issue of the magazine. We wish Mrs. Smith every success with her very praiseworthy invention, and trust that more nurses will see fit to devote a little time and energy to the invention of something which will bring as much gladness into as many sick rooms as will this invention.

A clothes basket incubator for very small, weak, or premature babies may be improvised

by wrapping warm bricks in paper and laying them in the bottom of the basket. Over these lay a thick blanket folded. Hot water bottles may be laid on each side with a roll of blanket between. A blanket is then unfolded so as to line the basket completely and the incubator is ready for the baby. The basket should never be placed on the floor. The temperature of the room and of the incubator heating appliances should not be allowed to vary much. It is highly important that such babies have abundance of good air to breathe and ventilation should be carefully attended to.

To make carbolized oil, add to two ounces of pure olive oil one-half drachm of pure carbolic acid.

Most nurses find trouble in getting good results in giving continuous saline, and I know the following idea will make it an easy matter, with no guess work.

From your saline can connect a good length of rubber tubing, to the free end of the tubing fit the large end of a hard rubber faucet, which can be bought at any supply house, to the small end of the faucet attach a catheter.

Before inserting the catheter you can regulate the number of drops per minute by means of the faucet.

Now you can elevate your can as high as you wish above the bed. If your rubber tubing is warm your saline is at the correct temperature.

Nursing in Infantile Paralysis

(ACUTE POLIOMYELITIS)

LE GRAND KERR, M.D.

Visiting Physician to the Children's Wards of the Methodist Episcopal, the Bushwick, the Williamsburgh, and the Swedish Hospitals. Consulting Physician to the Industrial Home for Children and the East New York Hospital.

ONE of the most unsatisfactory things in the practice of medicine among children is the care of a victim of infantile paralysis. I use the term "infantile paralysis" simply because it is the more commonly used one to distinguish the disease, acute poliomyelitis. Until recently what knowledge we have had of the disease has been entirely inadequate to its proper care and treatment, and even with the rapid strides made in our knowledge of the disease within the past year or two the care and treatment still remain somewhat unsatisfactory.

It is idle now to attempt to deny the infectiousness and contagiousity of the disease. Because we have yet failed to determine conclusively the exact mode of infection is no excuse for inactivity in the presence of an isolated case or an epidemic.

Much of our inactivity has been occasioned by the fact that the disease does not commonly affect more than one member of a family, but this probably has its explanation in individual susceptibility. There seems to be clear evidence that there exists an individual susceptibility to the disease, and that this susceptibility is strongly influenced by age, for in the large majority of instances the disease attacks those under the age of three years. As it is impossible to determine just which members of a family are susceptible, precautions must apply to all. In considering the nursing problems as applied to this most deforming

scourge of childhood, it may be well to do so from the following standpoints: In the presence of a known epidemic, the acute stage, the care of the later stages. *In the presence of a known epidemic* the attitude of the nurse should be one of constant watchfulness to prevent infection and also to detect at once the first signs of the disease. To prevent infection the question of removal from the affected area may arise, and in such instances the advice should be to hasten such removal. However, such a measure is usually impractical and will not be considered by the parents.

Enough of the mode of infection is known to cause us to be very zealous in the matter of the toilet of the nose and mouth. At least every six to eight hours the nose and mouth should be cleansed with a mild antiseptic solution, and this should not be done in the usual hasty fashion, but must be done thoroughly. Any one of the many pleasant but mild antiseptic solutions may be used, if properly diluted. As such solutions must be used over a long period, spraying apparatus should not be used, but in an infant the cleansing may be done with a small glass syringe for the nose and cotton for the mouth. In older children, teaching them to douche the nose is a simple matter. The skin should be kept in the best possible condition, and this involves the use of a warm cleansing bath daily, which may be followed by the

colder plunge in older children if desirable.

The diet should be restricted to those things which maintain health and promote bodily vigor. The merely pleasing things should be for the time discontinued. The diet should be such as will make the body more resistant to infection and disease, therefore the well-cooked cereals, vegetables, eggs and milk should be given in increased abundance, while meats and sweets are somewhat restricted in proportion.

It is absolutely necessary that the bowel function be performed daily, and if habit has promoted constipation no time should be lost in correcting this fault.

In the acute stage of the disease the same scrupulous care must be given to the nose and mouth, with the additional precaution that everything that comes into contact with the secretions from these parts must be burned or boiled. Therefore it is always better to use gauze for kerchiefs and to have separate eating utensils for the stricken child.

It is practically impossible with our present knowledge of the disease to diagnose it before the appearance of the paralysis, but in the presence of a known epidemic there are symptoms that may be suggestive. The more suggestive ones are fever, diarrhea, vomiting and slight cough, and I am convinced that we should be suspicious of this combination of symptoms occurring in a child under the age of five years, if they could not be positively explained upon some other basis. Then if the disease is suspected the child should be placed in a hot blanket pack and kept there sufficiently long to induce profuse perspiration. One such application is all that is necessary, for repetition might exhaust or depress the

patient. There is one precaution, however, that must be remembered; in some of these acute cases there is a transitory loss of sensibility of the child's skin, and if this is disregarded severe burning may result, as the child will not complain of the heat. Water should be given freely; in fact, its ingestion should be encouraged. For the first day or two the water should be given hot. Hot lemonade or orangeade is usually more acceptable to the children. The bowel should be immediately emptied by a hot enema (110 Fahr.), and in this should be dissolved one ounce of sulphate of magnesia and two ounces of glycerine to the pint of water. A single dose of castor oil should immediately follow the use of this enema.

Mental and physical rest must be rigidly enforced, and this means that the child should be placed in a cool, quiet, darkened room and allowed no attendant except the nurse (and in some instances the mother), and no toys.

The relaxing of this vigorous sick room regime should be most gradual and only as the marked improvement of the child's condition demands it. I must warn against the darkened room also being an illy ventilated one, for frequently such is the case, but with judgment light may be excluded and yet perfect ventilation be secured.

The patient should not be allowed to lie upon the back, but must be turned very frequently upon either side. There are two things that we ought to avoid as far as the spine is concerned—pressure and heat.

The diet for the first twelve hours should be nothing except hot sterile water, and for the period in which fever is present it should be restricted absolutely to fluids. Even milk should not be given in its usual full strength, but is

better if used as follows: Dip off the top sixteen ounces from a quart bottle of milk in which the cream has risen, and dilute it with an equal quantity or more of water, and use in place of ordinary milk.

The question will undoubtedly arise as to how long the strict isolation of the patient should be observed. There is but one safe guide, and that is the temperature, and as long as there is fever present isolation must be strict.

The care of the later stage is principally directed toward the prevention or limitation of atrophy of the affected muscles. It must be recalled that the first onset of the paralysis is much more widespread than it will be later, and that within a few days after the occurrence of paralysis there will be a very considerable recovery of power in most of the muscles. But those that remain paralyzed will show a tendency to rapid degeneration and wasting, and this must be combated. As soon as the acute stage has passed the affected muscles should be carefully but thoroughly massaged for at least fifteen minutes three or four times a day. The best lubricant to use is goose oil, because it is very absorbent, has a low melting point and leaves no greasy residue. During the epidemic of 1909, in which I was able to closely study some sixty-five cases, I frequently used slight constriction of the affected limb to limit atrophy. The method used was simple; the nurse once daily applied a piece of ordinary rubber tubing about the limb as near to the joint as possible and gently twisted it until the whole limb showed a very slight congestion and discoloration. This constriction was kept up for ten to fifteen minutes and then the tubing removed. The tone of the musculature seemed to be most

favorably affected by this simple procedure. The use of the electric current is not necessary during the first two or three weeks, but after that period its use encourages the proper exercise of the affected muscles.

When the electricity is used it has been the common practice to abandon the use of massage, but such a procedure is radically wrong. The massage is most important and must be continued, even when the electric current is used. I am constrained to emphasize the fact that electricity and massage (and particularly the latter) should be continued over a very long period. In fact, they should be continued over what may at first seem to be an unnecessarily long and hopeless period. After a time even the parents of an affected child become discouraged and are ready to become inactive, but this should be combated and the child given every possible chance for permanent relief. If any definite time could be set in which this continued effort should be carried on with the hope that it would result in relief I should place that time at not less than three years. I am convinced that many of the distorted limbs of to-day are the result of discouragement lulling one into inactivity.

In the very late stages, when it seems probable that some sort of a brace will have to be worn by the child to prevent the strong, healthy muscles of the limb from pulling against the weak, paralyzed ones and resulting in more or less deformity of the limb, the child's skin should be prepared for this mechanical restraint. Every day the parts to be subjected to mechanical pressure should be freely bathed with alcohol and salt (one ounce to the half pint) or a rather strong brine. Such preparation will save con-

siderable annoyance later on, and will inevitably add much to the little one's comfort.

Throughout all stages of the disease every advantage must be taken of secur-

ing perfect elimination of waste products, a diet somewhat more than necessary for the child's immediate needs and hygienic surroundings of the best obtainable kind.

Lessons in Chemistry for Nurses

MINNIE GOODNOW.

Superintendent Bronson Hospital, Kalamazoo, Mich.

MANY of the elements are familiar to us. Others need description.

Hydrogen is a gas without color, taste, or odor. It is the lightest of all known elements. Hydrogen is rarely found uncombined; it has a great affinity for oxygen, the two combining readily to form water. Water being so abundant, it will be seen that the amount of hydrogen in the world is very large.

Hydrogen is found chiefly in organic substances, i. e., plants and animals, and in some mineral substances. It burns readily, with a very hot flame, combining with the oxygen of the air to form water vapor. (The oxy-hydrogen blow-pipe is a device which produces the hottest flame known to science.)

Oxygen also is a gas without color, taste, or odor. It is a very active element, i. e., will combine with almost everything. Oxygen forms about one-fifth of the air and about one-third of the water of the globe; occurs largely in all animal and vegetable matter, and in nearly all rocks and minerals. It is, in short, the most abundant element, and makes up over one-half of the earth's surface. Its tendency to combine with everything is in a large measure respon-

sible for the changes which take place so constantly in organic compounds, decay, rust, combustion, and even the disintegration of rocks.

(Water, H_2O , is an interesting compound from the fact that it is a fluid formed by the union of two gases; two intangible, invisible substances uniting to form a tangible, liquid mass.)

Nitrogen is a colorless, tasteless, and odorless gas, which forms four-fifths of the air and is in organic and inorganic substances in considerable quantity. It is very inactive, and under ordinary circumstances will hardly combine with anything.

Growing plants and animals need a great deal of nitrogen, but are unable to obtain it from the air. Their supply comes from the nitrogenous compounds in the soil and in other plants and animals. Blood, muscle, and nerve substance contain nitrogen, and the grains and some vegetables. Nitrogen does not burn, nor does it support combustion.

(Air is a mechanical mixture, not a chemical compound. It contains about four parts nitrogen, one part of oxygen, and a small amount of watery vapor, carbon dioxide, and other substances.)

Carbon is the chief constituent of all organic substances. Three forms in which we best know it are coal, diamond and graphite (the lead of pencils). Charcoal, bone-black, lamp-black, coke, peat, petroleum, asphalt, etc. are more or less pure carbon. Marble, limestone and chalk are compounds of carbon. Sugar, starch, vegetable fibers, fats, oils, alcohol, ether and innumerable other substances are carbon compounds.

Charcoal, which is almost pure carbon, absorbs large quantities of gas into its pores. This makes it a valuable disinfectant and deodorant in the sick room.

Carbon dioxide, also called carbonic acid gas (CO_2), is one of the most important carbon compounds. It is formed during combustion, and is thrown off in considerable quantity by animals in the process of breathing. (See Lesson VI.)

Sulphur is a yellow, crystalline element more or less familiar to us. It occurs in the earth uncombined, especially in volcanic regions. Small quantities are found in plants and animals, as in mustard, yolk of egg, bile, hair, etc. Sulphur is used in bleaching and as a germicide.

Phosphorus is a common element, but not an abundant one. It occurs in many rocks (in combination), in the soil, in seeds and grains, in the bones and brains of animals, in urine, blood, etc. It does not occur in nature uncombined. Pure phosphorus is a violent poison; it is the chief ingredient in matches.

Calcium, commonly called lime, occurs as marble, limestone, chalk, in plants, in animals and in water. It is an important constituent of bone, teeth, shells, etc.

Sodium is a silver-white metal, never

occurring alone. It cannot be kept in water or air on account of its great affinity for oxygen; it is only preserved in the pure state by being placed under naphtha or some liquid which contains no oxygen. (If a small piece of sodium can be obtained, exhibit it and show its action when dropped upon water. It immediately breaks into a bluish-white flame.)

The commonest and most important compound of sodium is the chloride, common salt. It forms about 3 per cent. of sea water, and some of the salt lakes contain nearly 30 per cent. It occurs as rock salt in many parts of the world (Poland and Spain); in our own country, as in New York and Michigan, it is obtained by evaporating the brine from salt wells, slow evaporation producing large crystals; rapid, small ones. It is found in the blood of animals and in their bones. Normal salt solution contains the same amount of salt as human blood does, and is often used to supply a loss in case of hemorrhage or in collapse. It is a direct heart stimulant, acting not as a spur, but as material upon which to work.

Sodium chloride is used largely in manufacturing other products. Sodium sulphate, Glauber's salts, a hydragogue cathartic, is made from salt and sulphuric acid. The reaction is as follows:
 Sod. chlor Sulphuric ac. Sod. sulph. Hydrochloric ac.
 $2\text{NaCl} \text{ plus } \text{H}_2\text{SO}_4 = \text{Na}_2\text{SO}_4 \text{ plus } 2\text{HCl}$

Sodium carbonate (washing soda or sal soda) and sodium bi-carbonate (baking soda) are also made directly from salt. Sodium hydrate, or caustic soda, is another common soda compound. It is a strong alkali, used in soap-making.

Anatomy and Physiology

The Circulation System

CLARA BARRUS, M.D.

WE now come to study the *vital processes* of the body, those processes by which life is carried on, growth is accomplished and waste materials are removed. These functions are those of circulation, respiration, alimentation and excretion.

In this chapter we shall study, in part, the *circulatory system*. This is made up of the heart, the arteries, the veins, the capillaries and the lymphatics. By means of these structures the *nutritive fluid, blood*, is made to circulate through all the tissues, to nourish them and to carry away the materials not needed for nourishment.

Blood is the carrier of oxygen and of digested food material to all parts of the body. From it tissues appropriate what they need and to it give up their refuse matter, which is carried in the blood stream to those organs which separate the waste materials and cast them out of the system. The blood also serves to warm and moisten all parts of the body.

The *heart* is the center of the circulatory system; by means of alternate contraction and relaxation it propels the blood into the vessels called the *arteries*; the *capillaries* are very small, hair-like networks of tubes that ramify in all the tissues. The blood passes from the arteries to the capillaries; while the blood is in the capillaries the interchange of food and waste materials is made through the thin walls of the vessels; the *veins* then conduct the impure blood back to the heart, thus completing the

circulation. The blood is in constant motion during life, an out-going current escaping from one side of the heart and an in-coming one entering at the same time on the other side.

The *heart* is a hollow muscular organ, shaped like a cone, situated in the chest behind the breast bone and between the lungs; it is enclosed in a membranous bag called the *pericardium*, which also covers the roots of the great vessels as they arise from its base. The heart lies obliquely in the chest, nearer to the front than to the back, with the broad part of the cone directed upward, backward and to the right, and the apex downward, forward and to the left. At its base it admits of limited motion, but its apex is more freely movable. It is the *apex beat* that we can feel and often see in the space between the fifth and sixth ribs, about three inches to the left of the sternum. In size the heart is about as large as one's fist; its average length is five inches, while its breadth is about three and one-half inches in its broadest part and its greatest thickness is about two and one-half inches. It weighs from eight to twelve ounces, varying in size in different individuals, and being larger in men than in women. Its chambers hold from four to six ounces.

The *pericardium* which encloses the heart is a fibro-serous membrane made up of two layers, a strong fibrous one on the outside and a serous one on the inside, investing the heart and then being reflected upon the inner surface of the

pericardial sac. The opposing surfaces glide smoothly over each other during the movements of the heart, because the serous membranes are bathed with a thin fluid which keeps them well lubricated. The pericardium is attached to the diaphragm below, while above it is attached to the external coats of the large blood vessels as they branch off from the heart.

The *chambers of the heart* are four in number. The organ is divided into a right and left heart by a muscular partition running lengthwise, while a transverse constriction subdivides each side into an upper and a lower chamber. The upper chambers are called *auricles* from a fancied resemblance to a dog's ears; the lower ones are called *ventricles*. There are openings between the upper and lower chambers on each side, but no means of communication between the right and left sides. The heart is, therefore, like a double house built for two families, each house having its front and rear doors, but with no interior communications between them. Both halves of the heart act together in point of time, but each half has its separate duty to do, the right half always to pump along venous blood and the left half always to propel arterial blood. The *right auricle* is at the base of the heart. It is lined, as is all the heart, with a smooth, glistening, serous lining called the *endocardium*. Opening into the right auricle are two large blood vessels, the *superior and inferior venae cavae*, which bring the blood from all parts of the body; the *superior vena cava* returns the blood from the upper part of the body, while

the *inferior vena cava* returns it from the lower part. Several small veins of the heart itself also open into the right auricle.

The *right ventricle* forms the large part of the front of the heart; it is triangular in shape. Its walls are thinner than those of the left ventricle.

The opening between the right auricle and the right ventricle is guarded by a three-cusped valve, the *tricuspid*, so arranged as to prevent the blood from passing except in one direction, downward. The bases of these cusps are firmly held to columns of muscular tissue on the walls of the ventricle by slender tendinous fibres, the *chordae tendinae*; these are the "heart strings" we hear so much about.

Semi-lunar valves formed of three semi-circular folds guard the opening into the pulmonary artery.

The *left auricle* has thicker walls than the right; it receives on either side two pulmonary veins.

The *left ventricle* occupies the chief part of the posterior portion of the heart; it is longer and more conical than the right, projecting beyond it in front and forming the *apex* or point of the heart. Its walls are about three times as thick as those of the right ventricle.

The opening between the left auricle and the left ventricle is guarded by a two-cusped valve called the *mitral valve*, similar in structure to the tricuspid, but much stronger because of the greater strain put upon it; this valve is held down, as is the tricuspid, by tendinous cords attached to the muscle columns of the ventricular walls.

(To be continued.)

The Nurse's Duty Regarding Plaster Dressings

CHRISTINA GRACE RANKIN.

THE nurse's duty regarding plaster dressings usually begins with the making of the bandages. For this the best grades of plaster should be secured—never the common grade used on walls. It is better, unless a great number of bandages are being used, to get the plaster in ten pound tins, which should be kept sealed with adhesive plaster or with some of the plaster cream. The crinoline used varies in quality. The kind used by milliners for lining hats does very well, or it can be purchased direct from the surgical supply houses where other bandages are procured. The average length of a bandage is about five yards and the width two and a half inches. A plaster bandage narrower than two inches is rarely called for.

The powdered plaster is spread evenly and smoothly on the bandage so as to get into the meshes and very loosely rolled. Each bandage is then wrapped in paper and placed in a covered tin bucket or canister, the lid being sealed by adhesive plaster.

When a plaster dressing or "cast" is to be applied, it is the nurse's duty to get the patient ready for it and to have the appliances needed by the surgeon at hand. Some padding or protection of the part is always required. Common cotton batting is preferable to absorbent cotton for protecting the part and especially for protecting points such as the ankle, heel, etc. The absorbent cotton absorbs moisture from the wet bandages and also perspiration and soon loses its elasticity. If a plaster jacket is to be applied, a neatly-fitting cotton undershirt

is used. On the foot and leg stockings may be used or the limb may be encased in cotton, which is held in place by a cotton or gauze bandage. If the shoulder and breasts are to be included in the plaster cast the axilla and breasts should be first washed with soap and water, rubbed with alcohol, dried thoroughly, and dusted with talcum powder before applying the protective dressing. Tin strips are sometimes used to reinforce the dressing, and if holes are made in them with an awl or nail alternately inward and outward, the rough edges will be easily gripped by the plaster and thus prevented from slipping. Before the application of the plaster dressing is to be made, the floor and surroundings should be protected by a sheet or by newspapers.

If good plaster is used salt will not be needed to aid or hasten the setting. A basin is required—one that is deep enough to submerge the bandages, one by one, with the end up. Lukewarm water is most frequently used. Hot water is said to hasten the setting of the plaster and cold water to retard it.

The bandage should be at once covered with water, and when the bubbling has ceased it is lifted and gently squeezed with a hand over each end. Loose threads are freed from it and the end found for the surgeon. It is handed to the surgeon with a few inches of the end held out and the body of the roller upward. Some dry plaster should be at hand to rub on, and as soon as one bandage is taken out of the water, another is put in.

When the plaster is to be applied over

the groin of children, or in adults where there is danger of soiling with urine, a piece of rubber tissue is often put in over the edge and covered by the last turns of the bandage.

It is then the nurse's duty to see that the patient maintains the position desired for the cast, until the plaster is dry. When the dressing is applied to a leg or arm the fingers and toes are left uncovered and should be closely watched so as to be sure that the dressing is not interfering with the circulation. Sometimes when an edge is irritating the skin some relief can be given by slipping in at the edge a little extra cotton. In any case, signs of irritation should be watched for

and reported to the surgeon. A portable basin should be provided for the preliminary cleansing of the hands, as very much plaster, or hardened bits of plaster, are liable to interfere with the plumbing. A little washing soda is a help in getting the plaster off the hands.

A variety of knives and similar appliances have been invented for removing plaster dressings, but any strong knife with a sharp point may be used. Sometimes wetting the bandage with a sponge along the line where it is to be cut is done to soften the plaster and facilitate the cutting. The floor and bed need to be protected as when the application was made.

Changes in the Navy Nurse Corps.

APPOINTMENTS.

Maud L. McKennie, graduate of the Brooklyn Hospital Training School; Tella B. Erwin, Lakeside Hospital, Cleveland, Ohio; Mary R. Gillette, University Hospital, Philadelphia, Pa.; Lily E. White, St. Vincent's Hospital, Norfolk, Va.; Ruth R. Kuhn, University of Maryland Hospital, Baltimore, Md.; Mary R. Ridgway, Providence Hospital, Washington, D. C.; Claribel Pike, graduate of Danvers Hospital, Haverhill, Mass., Post-Graduate Bellevue and Allied Hospitals; Martha A. Brooke, Jefferson College Hospital, Philadelphia, Pa., surgical nurse Touro Infirmary, New Orleans, La.; Susie I. FitzGerald, St. John's Hospital, Lowell, Mass., late supervising and operating room nurse Boston Emergency Hospital. Miss FitzGerald was appointed to the nurse corps last October, but through an oversight her appointment was not published.

TRANSFERS.

From the Naval Hospital, Norfolk, Va., Thomasina B. Small, to the Naval Hospital, Mare Island, Cal., and Mary C. Nelson, to the Naval Hospital, Brooklyn, N. Y.; from the

Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Norfolk, Va. Sara M. Cox and Sara B. Myer.

ESTHER V. HASSON,

Superintendent Nurse Corps, U. S. N.

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Changes in the Army Nurse Corps.

APPOINTMENTS.

Clara E. Ellwanger, graduate of the Burlington Hospital, Burlington, Ia.; employed for three years in the Pennoyer Sanitarium, Kenosha, Wis., and head nurse at St. Bernard's Hotel Dieu Hospital, Chicago.

DISCHARGES.

Josephine Anslyn, August 31, 1910; Margaret T. Wahls, August 31, 1910.

TRANSFERS.

Gertrude H. Lustig, from San Francisco, to Fort Bayard, New Mexico; Ruby E. Nichols and Mary E. Wimbish, from San Francisco, to Philippines Division, September 7, 1910; Gertrude B. Gilstrap and Louise H. Gutberlet, from Division Hospital, to Fort William McKinley, Rizal, P. I. JANE A. DELANO, Superintendent Army Nurse Corps.

Human Nature and a Nurse

H. RIVERS.

(Continued from August.)

A MAID ushered me into the parlor of the home of my second private patient, where I was at once joined by a tall, slender lady in black. She told me her mother, quite an old lady, had been ill three weeks, and though she herself was an invalid, she had cared for her, as they were both greatly opposed to trained nurses. They never had employed one before and now, I must understand, it was only because her strength had given out that one had been called in. I would find little to do and my stay would be short, as the physician had said that morning her mother could not live twenty-four hours. Her whole bearing was so frigid it was a relief to hear my stay would be brief.

Besides, through general debility, rheumatism and cystitis, my patient's vitality was still further drained by a bad bed sore near the end of the spine and by a long gash across the top of her head, received while trying to get out of bed to wait on herself. This had been drawn together with eight stitches. So the "little" I had to do in twenty-four hours was to dress the bed sore three times, look after some stitch-hole abscesses, use the battery, rub her twice with liniment, give an enema, irrigate the bladder twice and catheterize p. r. n. in addition to the regular work. I was luckily too busy to be very much depressed by the atmosphere surrounding me.

Then, too, I missed the council and advice upon which I had learned to lean,

as all pupil nurses do, at the hospital. Was I right in thinking it unnecessary to summon the doctor, or would the patient die because I was too stupid to note alarming symptoms? Three o'clock one morning as I stumbled down the steep back stairs on an errand to the kitchen, worrying over my decision, I found myself unconsciously repeating part of the Collect for the first Sunday after the Epiphany: "Grant that [I] may both perceive and know what things [I] ought to do and also may have grace and power faithfully to fulfill the same." Since then I have always thought of that particular prayer as one especially suited to the private-duty nurse. I know it helped me.

When my third afternoon with no time off faced me I asked the daughter at the lunch table if she thought she could spare me for two hours, as it would be perfectly safe for me to leave her mother for that length of time.

"No," she "couldn't think of it." However, a still, small voice, I suspect, led her to change her mind, for she suddenly appeared before me with "if I let you go for two hours will you promise me you will surely return?" Assuring her I would not dream of doing otherwise I prepared for my outing, secretly pleased at the tacit admission she had misjudged the members of my profession. Evidently she remembered the reception she had given me and felt that after demonstrating our worth it would only be what she

merited if I now left her in the lurch. When I returned to the sick room I knew I would no longer be kept in cold storage, but was actually regarded as an acquisition. Six weeks later, feeling worn out, as the case, while pleasant, was a hard one, I turned the patient over to another nurse, who, proving equally satisfactory, the family frankly admitted they had been won over and gladly paid tribute to the virtues of the trained nurse.

* * * * *

A knock on the door roused me up and the voice of the lady of the house—a member of the aristocracy and of a select social set—inquired if I would like to take her young daughter to the matinee that afternoon. She had been unable to find any one to chaperon her and thought perhaps I had had sleep enough to carry me through the night—I was on night duty caring for a member of the family—and would enjoy going. One does not say no to a chance of hearing the Metropolitan Company in Grand Opera, and I was wide awake in an instant. Replying to her inquiry as to whether I had all I needed to wear, I told her yes, with the exception of gloves—as it was Winter I had only mittens with me, but in going we would have to pass my home and I could stop for a pair. She thought that would delay us and offered me a pair of hers—"that is, if you can get them on. What size do you wear?" Thankful that a substantial door hid the laughter in my eyes, I meekly replied, "Five and three-quarters." "Oh!" (hastily) "you will have no trouble then. I will send you a pair at once." When they were handed in and the door safely shut, the "person" who worked with her hands for her bread and butter

and such promptly looked for the size of the lady of high degree, and when she saw the figures $6\frac{1}{4}$ she smiled—in appreciation, not in malice.

* * * * *

While the Spanish-American War was a little pocket handkerchief affair compared with our civil conflict, it was long enough to develop many a hero.

The night had been hard and long in a surgical ward in one of the army hospitals, and through it all I had comforted myself that at least one of my patients, Lieutenant X., had been free from suffering and able to sleep. In fact, he had not changed his position all night. In the early dawn, passing by the foot of his bed, I was shocked to find he had, by moving his arm, revealed a face as grey as the dawn itself. I exclaimed, "You have laid here all night in pain. Why didn't you let me know?" He wearily replied there was nothing to be done, and besides the others had needed me. "Well, they don't need me now and I am going to see what rubbing will do for your leg." While the wounds had healed, they had been so extensive as to make the Lieutenant still a cripple, unable to leave his bed. I knelt down with my back to his face, so he should not feel he was being watched, and began to rub. In ten minutes the muscles started to relax and in half an hour he was sleeping soundly and did not waken until long after the day nurses had come on duty.

After that I kept a closer watch on him, but while he did not try to hide his sufferings, he always insisted upon waiting until all the others were cared for, which often made it after midnight before I was at liberty.

One of the other patients, a private, shot through the right lung, had been at

death's door for some time, and his recovery seemed doubtful. He slept well through most of the night, but awakened in a cold perspiration and with all the symptoms of extreme prostration. One of my duties was to keep an eye on him and give him a drink of whiskey at once when he stirred. This proved very beneficial and he slept longer each succeeding night. One morning he slept unusually late and the others were all awake having their toilets made when he roused up. As I carried him his whiskey Lieutenant X. laughingly called to me to bring him some, too. In the same spirit, I asked for his written order from the ward surgeon, which, of course, he could not produce. He teased and coaxed and finally ordered and commanded me to bring him some whiskey. This I could not do without the surgeon's order, which I did not have.

I am quite sure he was not a drinking man and had begun in a spirit of fun, which eventually changed to deadly earnest. He grew so offended and angry I went off duty very much depressed. I dreaded going back to the ward that night. His patience, unselfishness and

courage had won my hearty admiration, and while as far as I was concerned the unfortunate incident would willingly be dropped, I had no means of knowing the extent of his capacity for sulking.

That evening I departed from my usual custom of going to each bedside and speaking to the occupant; I only went to those who would require most of my care, and then repaired to the diet kitchen to inspect my supplies. Here the corps man found me and said a certain boy with a broken leg wanted me. I forgot at the moment his bed was across the aisle from the Lieutenant's. As I approached him he shook his head and pointing to the Lieutenant, said: "It's him who wants you." Sick at heart and fearing I knew not what, I turned toward the Lieutenant. He had pulled himself up into a sitting position with his hands locked around one knee. As I faced him his voice rang out in no uncertain tones: "Miss Rivers, I beg your pardon for the way I treated you this morning. I promise never to do so again. Will you forgive me?" So, after all, he was doubly a hero, for he had both moral and physical courage.

The Superintendent of Nurses.

Midsummer's blazing all-enwrapping heat
 Into the darkened wards forces the noon,
 Sultry and burning, till the senses swoon.
 Sad men and women, as the fierce rays beat,
 Lamenting sore their pain, do rest entreat,
 Urgently praying for that precious boon,
 Coolness, and surcease from their torments
 soon—

Yea, after anguish, pitying death seems sweet.
 Clad all in white, a woman pauses near,

A quiet woman, strong to meet their pain,
 Yet bearing in her soul its iron trace.
 Eyes eager watching, heavy with dark fear,
 Rest on her face, and straightway courage
 gain,
 Solaced and strengthened by her spirit's grace.
 J. D.

The above is an acrostic which forms the name of a prominent superintendent and which appeared in the Providence Journal of July 30.

Baby "Da"

MYRA ISOBEL STEVENS

Childrens' Hospital, Los Angeles, Cal.

YOU would hardly recognize him now as the little half-wild, unkempt creature who came to us almost three years ago. Neglected he certainly was; covered with sores, scraggy hair, he reminded one more of an animal than a human child.

His Mexican mother had never realized the care a child should have and poor little Charlie had Potts disease, and we soon put on a Bradford frame, then began the training of the little wild thing. He was not called Charlie after the first few days, but Baby Da. This is how the name originated. An abscess was dressed daily, the proceeding was quite painful, but after a few days of crying and screaming during the dressing, he stood it heroically, made but a groan or two, and just as we were nearly finished, would say in a pained little voice, "Da?" meaning, done? He could not speak plainly, he was but little over two years. So the nurses called him Da, and Baby Da he is called to this day.

After a week or two the change in his appearance was decided, the sores, with care, were healing, hair was cut and kept tidy, and Baby Da was beginning to take notice of things going on in the ward. He was not a pretty child, but had bright black eyes full of expression. Such an affectionate little soul, and such a mischief, and, if aroused, such a temper. One day a hypodermic was ordered to be given; he was taken quite by surprise, it was given so quickly he had no time to protest. But watch his little face as he glares at the nurse,

see the inward wrath and how his eyes seem to get blacker with rage, because, not understanding, he thinks he has been purposely hurt; and now the outburst of his pent-up feelings. Two little hands fly out from under the covers and slap each other, "Bad boy Miss, hate you, kill you, glad break oo leg," and the passion is spent. To him every one is boy, doctors, patients and nurses, and there being several fracture cases in the ward at the time, what worse wish than "I would be glad if oo break oo leg."

He is generous to a degree to those he loves. To a little girl in the room he will give any of his toys; it is Mandie this and Mandie that, but let any one else dare to touch those toys and see him. He is now the life and mischief of the ward, and how we all love him. Always at night, when the light is put out, a little voice from Baby Da's bed pipes "Oo'd night," and go into the ward any time during the night, no matter how many times, and click you turn off the light, he stirs in his sleep, and "Oo'd night" in a sleepy almost unconscious voice is what you hear. What a picture he made last night as I came on duty, fast asleep with a brown Teddy bear cuddled up in his arms! I looked long and sadly at the little one; he is to go home soon. Home! The father is an American man, who has left the mother, a degraded Mexican woman; she makes claim on the child. Poor little soul, you, with your intense nature, whether for good or bad, to think you have to go with her, a woman of that

type. Better far, dear, that you had not got well. How we shall miss you and think of you. What kind of a man

will you turn out to be? Poor Baby Da, "Oo'd night." God bless and guard you, dear.

Hysteria During Pregnancy

NELLIE BREWER GOODWIN.

A CASE of much interest came under my care a short time ago while in charge of a small sanitarium. A patient was admitted for treatment for intestinal disturbance and was ordered complete rest in bed, and was put on a strictly peptonized milk diet with treatment consisting of two high irrigations daily. I learned during the following week, in caring for the patient, that during pregnancy some months previous she had at times been very nervous, but at the time she came under my care she appeared bright and in good spirits, except when in pain, which at times became very severe. Her child at this time was eleven months old. I took the greater part of the care of her, giving her the irrigations, in hopes of finding out just what might cause the severe attacks of pain. She weighed one hundred and eleven pounds, having gone from one hundred and thirty pounds during the last six months.

One evening ten days later I found the patient in great agony lying on her right side, with her knees drawn up, with a terrified countenance and with forehead bathed with perspiration. I found her pulse to be one hundred and thirty beats a minute and respiration rapid. She explained that she felt as though there were a lot of knives cut-

ting her rectum, and said that on using the commode a short time previous she had passed something which made a clinky noise in the agate receptacle. On examining the contents, found to my horror and surprise a bunch of bent pins partly covered with fecal matter. I notified her physician at once, and he ordered an irrigation of the lower bowel, which I gave, and which caused most intense pain. In the meantime the physician arrived, and she was put on the operating table and by the use of the rectal speculum, a tenaculum and long dressing forceps, he dislodged and removed a ball of hardened fecal matter the size of a large English walnut. The patient was then given another irrigation and passed small particles of fecal matter, with several more bent pins. The ball of fecal matter, to our surprise, held together over three hundred bent pins.

One week later the patient was discharged in fine condition, having been on full diet four days previous to the time of discharge. I learned from the patient that during pregnancy while sewing she had been in the habit of putting pins in her mouth, and in her extreme nervousness would bite, bend and swallow them.

The Diet Kitchen

The Need of Careful Selection and Preservation of Food-Products to be Used for the Sick

MARY H. TUFTS.

OUR large cities are now reaping the many benefits of the work of the various Health Commissions, Societies for the Improvement of the Condition of the Poor, etc. The District Nurses' Associations also do an invaluable work in teaching hygiene and dietetics, and in caring for the poor.

In the cities among the poorer classes the only ones who do not benefit by these instructions are those who will not see or hear, or those of deficient intellect, who cannot grasp the meaning or make practical application of the instruction they receive.

The private nurse in her work occupies a somewhat less independent position in the household of which she is a temporary member than that occupied by the worker for a public health commission or charitable nurse association.

Perhaps this is the reason why the private nurse sometimes hesitates about openly criticising the unhygienic, unsanitary conditions to be found sometimes in even the homes of the well-to-do.

It is possible, too, that she feels after she takes up nursing in families that she is only responsible for the preparation of foods for her patients, and not responsible for the selection and preservation of said foods.

No greater mistake could be possibly made. The preparation of food for the

sick is an important part of the nurse's work, but, after all, is only a fractional part of her responsibility.

It is a well-known fact that persons who are ill or constitutionally weakened are extremely liable to reinfection, or toxemias, induced by the consumption of microbe-laden foods, and by other unsanitary conditions.

The cleanliness, neatness and laws of order governing the New England housewives are proverbial; and I have been surprised, to say the least, by some of the actual conditions which I have found in my house-to-house nursing here in New England.

It is, of course, a nurse's duty to be as diplomatic and tactful as she can in dealing with matters regarding which the family in which she works may be sensitive or easily offended. But if necessary for the protection and welfare of her patients she should "speak out" in regard to any household conditions that are a menace to health and that may be remedied by so doing.

Be it said for the average doctor that he is both kind and willing to uphold the hands of his nurses in any good work, and he may be relied upon to aid the nurse in doing away with many objectionable conditions menacing the patient's well-being.

In regard to selection and preserva-

tion of foods, I have found that many otherwise intelligent people scout the idea that germs are our disease producers; some are interested in this fact, however, and the nurse's efforts toward securing a perfectly healthful dietary for her patient will not be looked upon as a "cranky" show of fussiness or authority, but will be appreciated as incited by her whole-souled interest in her patient.

I will cite a few of many injurious conditions existing in the homes of and concerning the health of my patients.

Milk is prescribed more frequently, I believe, than any other food for the sick who are on liquid diet. And it is one of the foods that is most likely to be laden with all sorts of pathogenic bacteria, from the fact of its uncleanly and oft-times careless handling.

Judging from my experiences, I am compelled to believe that in the average instance we are not as sure of being able to get as pure milk in the country as we do in the city. At first this statement will probably sound perfectly absurd, but is explained in this way:

Few country towns have a milk inspector, and those who sell milk are regulated largely by their consciences (if they have any) and by their ability to supply their customers with a milk sufficiently rich to suit them, or which does not fall short in measure, or reach the customer in sour condition.

Comparatively few milk consumers in the country know whether the milk is produced by healthy cows or not, and rarely interest themselves as to the methods of handling and caring for the product.

Many times the members of the Boards of Health in country towns fail utterly to enforce restrictions as to the

sale of milk coming from premises where infectious and contagious diseases exist.

Some years ago I was nursing a case in a small country village; the family procured their milk from a farmer who lived a short distance outside the town. The farmer who brought the milk to us looked clean and tidy in his dress, and the milk was always free from objectionable odors, and delivered in clean-looking cans, each customer having his own can, marked, so as to prevent exchange of can in delivery. Mrs. M—, my patient's mother, assured me when I asked about the milk supply that it was exceptionally clean and good, and said that she had been so glad that she could procure milk from these people, because they were so neat.

One morning our milkman reported that he would be obliged to cut down on the amount of milk he brought us, as one of his best cows was sick. I was in the kitchen when he came, and inquired what he thought was the matter with the cow. He answered, "I don't know; she hurt herself in the pasture, I guess. Two weeks ago she began to go a little lame, as if she had wrenched her shoulder; and now she is off her feed, seems feverish, and is so lame that I have to keep her in the barn."

I asked him if he had been milking that cow since she had been lame and ailing; and he said that he had milked her until she lost her appetite, as he had not noticed that she was feverish until then, or seemed sick from the lameness. And I found that our milk supply was a mixture of this cow's milk and that of three others.

I was naturally indignant, and refused to use for my patient any more milk that came from that place, much to the

indignation of the milkman and my patient's family.

In a few days after this the farmer called a veterinarian to treat the cow, and was told that the animal was badly affected with tuberculosis. The veterinarian notified the State inspectors of cattle and the animal was killed. Many of the large bones were badly diseased and the udder beginning to show tubercular deposits.

In another case where I was nursing, and the family bought milk from a man outside the town, it was found, when I had used the milk ten days for my patient, that two members of the milkman's family were ill with typhoid fever, and were being cared for by members of the family.

The alvine discharges from these patients were being disinfected (?) by a hasty mixing with dry chloride of lime powder, and emptied into an earth closet which was exactly nine and one-half feet from the well that furnished the water supply for all household uses. Two members of this household who were caring for the sick ones, were also caring for the milk cans and pails, cloth strainers, etc., and, after waiting upon the patients, disinfected (?) their hands by washing in soap and water.

Water in which the patients were bathed was emptied into the iron sink in the kitchen, where the dishpan and general washdish were used. After the Board of Health had investigated the affair, one of the Board told me that while he was at the house where the typhoid cases were, he personally saw a woman empty a bowl of water in which she had bathed one of the pa-

tients into the sink, and a little later saw her wash milk cans without disinfecting her hands; and when done using the dishpan she had wiped the pan inside and out with the same cloth used to wash milk pails and cans. Now, the water used for general baths for a typhoid patient undoubtedly contains numbers of typhoid germs; and the probability that these germs might get on the bottom of the dishpan that was set into the sink was very great.

Later on, when two more people in that town developed typhoid, and were found to have used milk from the house where the original cases were, it was not difficult to imagine where the infection of the last cases came from.

The doctor in attendance upon the first named cases told the neighbors of the sick people that they had "bilious fever." And, the first I knew of the trouble, a little girl from that house came where I was nursing and said that the doctor said her brothers were "having a mighty light run; and will get well all right, even if it is typhoid."

My patient's family and I held a hurried consultation after the child left the house, and one of them went immediately to town and reported the case to the Board of Health, and, to our surprise, found that the doctor attending the typhoid cases had not reported them.

It is needless to say that the Board of Health "got busy" and stopped the sale of milk from that house, condemned the well whence they drew water, and required a proper supervision of disinfection, etc., by the doctor in charge of the cases.

(To Be Continued.)

Editorially Speaking

Florence Nightingale

FLORENCE NIGHTINGALE was perhaps the best known and the best beloved woman of her time. For more than half a century the civilized world has rejoiced in her life—a rejoicing now turned to mourning at her death.

As a great reformer of unsanitary conditions in the English army and hospitals, she pioneered a movement which spread to all countries, and to her must be credited the modern system of military hospitals. There is no need to recount in detail the story of the Crimea, where she won a measure of fame accorded to few women—that has been immortalized in song and story. But we can dwell for a moment with profit upon that splendid example of her courage and self-sacrifice, when the British soldiers were dying from neglect, when medical attendance and supplies were being held up by red tape. In this time of dire distress, this brave woman took matters in hand, she went to the ships and to the storehouses, and with Turkish soldiers she brushed aside, and fought aside, British guards, battered down doors, and brought forth the needed stores and comforts. Then she prepared the beds, and at the muzzles of Turkish muskets, compelled British surgeons to stay by and care for their suffering countrymen.

She worked not only in courage and self-sacrifice, but also with rare skill and intelligence and with insight into the practical needs of the army. The results of her investigations were largely the cause of India's health reform and di-

rectly the cause of the English army's health reform.

It is perhaps not generally known that until very recent years, when failing health prevented, she had been one of the active advisers of the British War Office in all matters pertaining to military hospitals. During our own war between the States, and in the Franco-Prussian War, her advice was eagerly sought and freely given.

It is also not too well known that with a fund of \$250,000 popularly subscribed in grateful recognition of her services, she founded a training school for nurses, and that the Red Cross movement, as we know it to-day, is largely due to her.

It is pleasant to recall in the hour of her death that the honors so nobly won were paid to her while living, and that she was spared so many years to wear and enjoy them. So long as self-sacrifice and devotion to humanity are revered the memory of Florence Nightingale will be cherished and will furnish an inspiration for all those who minister to the sick and afflicted.

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Intellectual Laziness

IN one of his matchless essays Osler says that "The killing vice of the young doctor is intellectual laziness. He may have worked hard at college, but the years of probation have been his ruin. Without special subjects on which to work, he gets the newspaper or novel habit and fritters away his energy on useless literature. There is no greater test of a man's strength than to make

him 'mark time' in the 'stand and wait years.' Habits of systematic reading are rare, and in five or ten years from his license, as practice begins to grow, we may find the young doctor knowing less than he did when he started, and without any fixed educational purpose in life."

What is true of the young graduate in medicine is true of the young nurse. The nurses are comparatively few, outside of those actually engaged in teaching, who seem to have formed systematic habits of study. The years pass without any definite plan for acquiring new knowledge. Of the many new and wonderfully interesting developments along medical and surgical lines many nurses with good intellectual abilities are blissfully ignorant. They are not interested, either, or, at least, not well informed, regarding significant current events. The facts are after graduation they slipped into a rut which has deepened with the passing years. Their horizon is bounded by the four walls of the patient's room; their ideals might be summed up for the most part in, as one nurse aptly termed it, "Keeping up the nurse's prices and getting a good long holiday every Summer if possible." This is by no means a sweeping criticism of all nurses. It is a plain statement of facts regarding a great many.

They are too little interested in nursing, too well satisfied with their own attainments, to feel that they could learn anything from contemporary nursing literature. Good, practical workers many of these are. Years of experience have taught them much, but that they owe anything to the nurses who come after, that they have any responsibility for letting others have the benefit of their experience—well, the idea never seems to occur to them.

Now and again we hear of the nurses connected with some special registry arranging to take up some special study each season, buying books and studying together, according to some certain plan, but the custom is far from being general. A few nurses in every centre or home could do wonders in stimulating their comrades to set their brain to work along some certain line. Many graduates of general hospitals have had little experience and practically no theoretical work along the line of nervous or mental diseases. It would be well worth while this coming Fall and Winter to select one of these special lines and delve into it with a determination to understand more of the widely varied forms of those diseases and their management.

Others are weak along the line of children's diseases; others "confess and bewail" their lack of definite knowledge along the lines of dietetics, or physical therapeutics. Why not decide to get out of the rut, to be no longer guilty of the "killing vice" of intellectual laziness, and this very month make out a programme for study for the coming season?

Also, at the same time, why not resolve not to be a "sponge"—taking in what others give out, but feeling no responsibility to tell others either of your successes, failures or problems? Our "letter box" column is available for the spread of nursing knowledge of a practical nature or for the expression of opinion on nursing matters. If you do not care to write an article, write a letter. If you have had a specially difficult case, tell us about it. If you have problems along any line which is likely to be of general interest, take time to state your problems in a letter. Names will not be published without the writers' permission. Begin now to get out of the rut.

A Suggestion in Medical Education

ONE of the newer ideas in medical education, and, indeed, one of the sanest, has been advanced by Dr. Denny, of Brookline, Mass., in the *Boston Medical and Surgical Journal*. He urges the requiring of all medical students to spend a few months, previous to graduation, in actual nursing in the male wards of hospitals. He would have this term of practice to include both day and night duty; would have them on duty, not as "observers," but would place them under the strictest discipline in the wards, making them responsible for giving every nursing treatment necessary and for the general care and comfort of the patients. He would have them taught, just as are probationers, regarding the administration of drugs and remedies of various kinds; baths for cleanliness, comfort or remedial purposes, enemata—every kind of nursing treatment, including bedmaking, etc. He thinks the would-be physician would in this way secure a knowledge of disease and of patients which he would get in no other way—a knowledge such as no laboratory or lecture or text book can furnish.

There is no doubt that humanity would be immensely benefited if the medical students of the future were required to gain experience in the actual daily care of the sick. The average doctor thinks he knows all there is to be known about nursing. It looks so easy and simple when a nurse who has been drilled for months and years goes about her daily tasks. Just as the average man thinks he knows all about housekeeping—thinks it is a very simple kind of work—till he starts to do it.

Now and again one meets a doctor who will own up that he couldn't change

the bed clothing properly, and certainly the young medical graduate is apt to make a tremendous fuss and a fizzle when he attempts some duty which he has seen the nurses perform with perfect ease. One doctor whom we knew argued that it was impossible to change the undersheet of a bed without getting the patient out of bed. But the medical graduate, however much he might consider desirable the knowledge of how to make the sick comfortable, would not stoop to learn *nursing*. As a medical *student* he might be required to do so. As a medical *graduate* he would think it beneath him. Even the interne in his year or more of hospital experience, seeing nursing arts going on all around him every day, actually learns little about them, for the art of nursing is not learned by observation, but by actual doing of the duties—clumsily, at first, but better and better as the weeks and months pass. There is no doubt that in three months were actually required to be spent in the wards, hour after hour, with the patients, the medical student would carry out from those wards more practical working knowledge than he would get in a year's classroom work. Much of the teaching along medical lines seems to take for granted that the doctor is going to have a trained nurse at his elbow on every case—though every one knows that in nine cases out of ten or more he will have to get along as best he can with people who could not give an enema, a bath, a douche, take a temperature or prepare and apply a fomentation properly, to say nothing of the all the more careful nursing treatments needed in cases of serious illness to tide over a crisis. Let us hope that Dr. Denny's suggestion will receive serious consideration.

A Private Hospital or Not

A NURSE who has had considerable experience in private nursing and hospital work is considering the advisability of opening a private hospital and writes for advice. In case we advise against it, she wants suggestions as to other lines of work which a woman with a small amount of capital and her experience can undertake which will provide a living and help her to secure a home of her own.

This is an exceedingly important subject to thousands of nurses. Scarcely a week passes in which we do not hear from or meet nurses who, having nursed for fifteen or twenty years, would gladly make a change to some less strenuous occupation. "What do other nurses do, when they give up nursing, providing they do not marry?" they ask.

Now, these are questions on which nurses themselves are more competent to speak and give advice than any one else. How can a nurse who has saved from \$1,500 upward to twice that amount best invest it and her strength and experience so as to make provision for an independent future? We would be glad to hear from fifty or more nurses on this subject. Be one of the fifty and write your opinion promptly. Do it now..

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The Lure of the Uncommon and Far Away

THIS is the subject of a popular lecture which has been recently delivered in several colleges. The message it carries is quite as much needed by nurses, for the tendency for some time has been to evade (at conventions especially) discussion of the weak points in present

nursing conditions and to spend time on questions which have but a remote bearing on nurses and nursing.

"In the dim and shadowy past," said the lecturer, "up to the shining present, there has been a great lure for mankind in the uncommon and far away. Men were able to calculate eclipses before they could lay out good roads. They studied the unusual being instead of the child. Science studied the mysterious and neglected to study agriculture." This mistake has been made, as every one knows, in the matter of nursing education as in other lines of education.

The lecturer emphasized the present and the practical, the solution of the small problems at our own doors before undertaking greater problems which were farther away and for which we were only remotely responsible.

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Infantile Paralysis

FEW nurses have had instruction in the nursing of infantile paralysis in their hospital training, so our readers are to be congratulated on our procuring the article in this issue, "Nursing in Infantile Paralysis," by such an authority as Dr. Le Grand Kerr, of Brooklyn, N. Y.

Dr. Kerr has had every opportunity of observing this disease and treating it, for he is Visiting Physician to the Children's Wards of the Methodist Episcopal, the Bushwick, the Williamsburg and the Swedish Hospitals, Consulting Physician to the Industrial Home for Children and the East New York Hospital. He treated some sixty-five cases in the epidemic of 1909.

The Hospital Review

Baby Tents as Summer Hospitals.

The Department of Health, Chicago, one of the most efficient in this country, has been conducting a widespread campaign to save the babies this past Summer. Doctors, nurses, health officers, interpreters and associated workers to the number of about 500 have been actively engaged in the hand-to-hand fight with the enemies of the babies—dirt, overcrowding, bad milk, bad care, etc.

Eleven baby tent hospitals have been established in congested areas, and are regarded by the leaders as "the most important features of the campaign."

The equipment of the tents consists of a hospital tent about 12 by 16 feet, with a double roof, board floor and sides, and screen sides above the chair rail. Each contains eight iron beds, a hammock, electric lights, two electric fans and a telephone. There is also a receiving tent, about the same size, for examining, bathing and temporary care of the baby. Milk commission milk has been used almost exclusively, as a milk depot was maintained at each hospital. The tents are opened about July 1 and closed about September 15. The tents are kept open nights and Sundays only in extreme emergency of either very sick patients or severely hot weather, to prevent the usual "blue Monday," for it was noted Monday was the worst day of the week. A visiting nurse is in charge of each tent, with one or two assistants. When the work justifies, an interne spends all day at the tent. Every day some physician visits the tent. The arrangements are such that each physician visits a tent twice a week. Only patients under about two years of age are received, as those older could not be kept in the beds. Only babies of the poor are taken. When it can be determined through the visiting nurse of the district that the parents are able to pay they are referred to their family physician. A large proportion of these little sufferers are brought in or sent in by the district visiting nurse. When patients fail to return they are investigated by the visiting nurse.

Why Hospitals Should Be Built in the Country.*

R. W. CORWIN, M. D., PUEBLO, COLORADO.

To patients who value their lives, to cities which care to observe economy, to doctors who are conscientious, to all doctors, I might say, the objections advanced are: They are inconvenient for doctors; they are inconvenient for medical colleges; they are inconvenient for families and friends to visit; they are expensive on account of transportation; they are dangerous on account of transportation.

The advantages are better air; better light; better food; better water; more rooms; less noise; quicker recovery; less expense; greater advantages to patient, family and State. Emergency hospitals must continue to be part of a city. This needs no discussion. Let us review the objections.

Certainly no one would claim that the doctors' or students' inconvenience should be considered a valid objection if a patient's sufferings thereby were prolonged or increased.

Every doctor dreads visitors, the effect upon the patient is nearly always bad; in fact, it would be a blessing if family and friends were not near the hospital.

Expense of transportation would be more than balanced by shortening the time of the patient in the hospital, due to country environment.

The danger of transporting a patient out of a city is no greater than transporting him into a city. The latter is common and not feared. Why dread the former?

If not in condition to travel, place him in the emergency hospital until able to stand the journey.

Commenting upon the advantages, who will say that country air is not superior to city air? Who will not say that patients stand better chance of life and improve more rapidly in bright sunlight and clear atmosphere than in sunless, smoky, closely packed and

*Read before convention of Railroad Surgeons.

noisy cities, where oxygen is many times breathed, and to get any at all one must seek a roof garden surrounded by a wire fence, flanked by brick walls and chimneys, with clotheslines, flying shirts and skirts for landscape?

In the country land is inexpensive and crowding of patients inexcusable. Here patients may be kept out of doors; fresh farm foods are obtainable, milk, butter and vegetables, and, not least of all, Nature is always present and ready to assist the doctor and nurse in restoring health. The flowers, the grass, the woods, the birds, are God's remedies not to be overlooked.

Under equal conditions the sick are not only surer of recovery, but recover more rapidly. This is of no small item to the patient. It not only saves him suffering, but is important in giving him an opportunity of getting back to work sooner, of earning more for his family, and of being of greater value to his country.

Is there an excuse one can mention that prevents us from lifting our voice against the city hospital?

It is not only better for the patient, but better for the doctor, to live in the country. He will think quicker, clearer, and live longer. Some one says: "Patients will not go to the country." Nonsense! They go to the Adirondacks, to Rochester (Minn.), to Arizona, to California, to Europe, to Egypt. Of course, patients will go to the country; gladly go when told of its advantages. The rich already go; the poor will be pleased to follow when they understand.

Why do we not build all hospitals except emergency hospitals in the country instead of the city? The answer is, because our city fathers are ignorant of facts; doctors are unconsciously selfish, and patients have not been educated.



Morton Hospital.

In the annual volume of the Morton Hospital, Taunton, Mass., there appears this beautiful tribute to the late Miss Ella Sears, who was for nineteen years superintendent of the hospital and who left the scene of her earthly labors October 2, 1909:

"Miss Sears was a woman of remarkable executive ability, combined with rare judg-

ment, unwavering faithfulness, ceaseless thoroughness, economic shrewdness, orderliness and neatness in the extreme.

"She showed great tact, but an undaunted will; wondrous courtesy, but exhaustless patience; extreme delicacy of personality, yet an insurmountable boldness in action; self-forgetfulness, yet constant thoughtfulness for others; an abiding faith and an unflinching trust.

"Like one that wraps the drapery of his couch

About him and lies down to pleasant dreams."

"Miss Sears was ideally optimistic; if there were 'shadows in the valleys,' she was equally sure there was 'sunshine on the hills;' true as steel, with never a thought of divulging that committed to her; honest to the innermost fibre, nearly a score of years superintendent, yet there never came to the trustees the shadow of a question of distrust.

"Miss Sears won and continued to hold the regard of all.

"None knew her but to love her."

"This institution has lost a wise ruler; trustees and staff a loyal friend; nurses and employes an unfailing support; patients and friends an inspiring voice; church, city and village home a bold, courageous, yet a non-intrusive life for the right."

Two Ella Sears Memorials have been proposed. One is, pay the debt which troubled her, and the other, erect the wing which she longed for and which the hospital greatly needs.



Paterson General Hospital.

Within the past year the Paterson General Hospital, N. J., has received a notable gift, amounting to forty thousand dollars, to be used in the erection of a nurses' home. The donor is Mr. Peter Quackenbush, a member of the Board of Managers, who thus perpetuates the memory of his wife, Sarah Amelia Quackenbush. The gift is made conditional on the creation of an endowment fund of not less than eight thousand dollars, the income of which is to be used for the maintenance and repair of the building. The plans provide for a building with three stories and basement, with a solarium on the roof. It is Colonial in style, of tapestry brick with

limestone trimmings and portico. Every detail that would make for the comfort of the nurses seems to have been planned for. The installation of an ice plant has resulted in a substantial saving, besides providing for the better care of meat and perishable foods, the cooling of the mortuary box, and meeting all the needs for ice throughout the institution. Another important saving has been effected

Brockton Hospital.

Some one has said that the modern hospital is partly outside and partly enclosed by walls. To have this thought emphasized one needs to visit New England hospitals in the Spring, Summer and early Fall. He will find a large proportion of the patients out of doors. This has necessitated a large amount of planning in order to have the patients made comfort-



GRADUATING CLASS, 1910, KANE SUMMIT HOSPITAL, KANE, PA.

through a new plan for the distribution of surgical gauze. Believing that the consumption of gauze was unusually large, an investigation was made and change in methods inaugurated. A reduction of fifty per cent in the amount of gauze used has been made.

The daily average of patients was 100.7; the number treated during the year, 2,009, and the cost per day per patient, \$1.64.

able while getting the benefit of the open-air treatment. Among the improvements made at the Brockton Hospital, Mass., has been the erection of two piazzas, which were made possible through the generosity of Mr. D. W. Field. A gift of a "service building," from the same gentleman, has been gratefully accepted. There is urgent need of an emergency room in the centre of the city and of increased accommodations.

Notes and News.

At Buffalo General Hospital there has been established one of the finest pathological laboratories in this country. It is the gift of Chas. W. Pardee, president of the board, and is called the Pardee Laboratory. It occupies a series of eight rooms and is under the general direction of Dr. B. T. Simpson.

A \$50,000 addition is being made to the Northern Pacific Beneficial Hospital at Tacoma, Wash.

The Elizabeth Steel Magee Hospital at Pittsburg has acquired additional property and buildings to cost \$250,000 are to be erected. It is intended to make the Elizabeth Steel Magee Memorial Hospital unique in the beauty of its grounds and the quietness and peace which will be provided for patients.

The providing of extensive grounds and the breathing space which so many hospitals lack has been the first thought of the directors. The hospital will have what every other hospital in Pittsburg lacks—a beautiful park where convalescents can spend the day on beautiful stretches of lawn under great spreading trees, flanked by shrubbery.

Dr. E. E. Langley has established the Harrington Hospital at Harrington, Wash.

Through the generosity of Mr. A. G. Hamilton, the citizens of North Sydney, Nova Scotia, have the benefits of a hospital. It is called the Hamilton Memorial Hospital and is conducted by the Sisters of Charity.

The American Steel and Wire Company is erecting a hospital on its own ground for the care of injured employees.

Rochester, N. Y., is to have a children's hospital. Plans have been drawn for a building 55x75 feet.

A \$30,000 addition is to be made to the General and Marine Hospital at Owen Sound, Ont.

At the General Memorial Hospital, New York, 1,139 patients were treated last year. The receipts amounted to \$56,445.02. Of this amount there was paid to special nurses \$8,444.73.

St. John's Hospital, Lowell, Mass., has completed its forty-second year of work, during which it cared for 883 patients in the wards and rooms. Many improvements have been made, a pathological department has been established. Additional accommodation is greatly needed.

Dr. L. W. Luscher has been appointed superintendent of the City Hospital, Kansas City, Mo.

The new hospital at Waterbury, Conn., to replace the old building, is going forward rapidly.

Mrs. Whitelaw Reid will erect two additional buildings for the Red Cross Guild Hospital of San Mateo, Cal.

A modified milk station has been opened in connection with the dispensary of Mt. Sinai Hospital, N. Y., to be maintained throughout the year as a part of the general plan for the better care of babies.

Misses Marshall and Cook have opened a hospital at Orangeburg, S. C. The building formerly a large dwelling, is beautifully situated and well equipped.

Training schools are to be opened in connection with the State hospitals at Rock Springs and Sheridan, Wyoming. A two-year course will be established, and pupil nurses will receive \$10 a month, uniforms and living expenses.

The new addition to Harper Hospital, Detroit, has been decided on, and work will begin at once. Two hundred thousand dollars is to be expended in improvements.

In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS.

The Education of Nurses

MARY E. GLADWIN.

In spite of all that has been said and written on the subject of the education of nurses we seem not much nearer the end of our difficulties and differences. Perhaps our greatest hope lies in the fact that we realize, as never before, how great our difficulties are and how much work lies before us. The tendency in present-day methods was very well expressed at a New York meeting last winter. In discussing a paper on the teaching of anatomy and physiology, a prominent educator, whose least word always carries weight, said, with much emphasis, that a pupil nurse's study of the subjects under discussion should always begin with a thorough study and use of the microscope. At the same meeting one of the New York board of examiners voiced a criticism often heard outside our ranks but seldom within them. She said that the results of the examinations seemed to show a tendency to dwell too much on what are sometimes known as "fancy stunts in nursing," to the neglect of a consideration of the comfort of the patient.

It is hard to find a happy mean with the knowledge that the high school regulation shuts out many desirable women and the added knowledge of how patients sometimes complain bitterly of the intellectual barrenness of the nurse upon whose companionship they are dependent during a long and tedious convalescence. The hospital of to-day makes ever greater calls upon the nurse's intelligence and fertility of recourse, hospital appliances have become more and more costly and delicate, requiring much trained ability for their successful use. For her own sake, that she may have a sure source of inspiration and comfort to keep her sane and wholesome during the long days of hard labor and discouragement which are bound to come to

her in her work, we long to give every nurse a sound, general education. Nevertheless, the time has come when we are driven to a thoughtful consideration of how much time we can spare from the bedside study and practice of nursing for class and lecture work. Personally, I should feel cut off from a great source of interest and help in my work if I had no knowledge of chemistry and bacteriology, and yet I grow more and more doubtful of the utility of the hours pupil nurses spend in pursuit of these and kindred subjects.

Primarily, nurses are trained to care for sick bodies and sick minds. Training schools were founded and have grown with that object in view and that alone. The two or three years of hospital work and teaching have for their sole object the fitting of young women for the care of the sick. The purpose of these years is not to train superintendents, executive officers, social welfare workers, teachers or any of the other workers to whom avenues of usefulness are continually opening, but just nurses, plain every-day nurses to do nursing. That being understood, the rest ought to be much easier than it has proved to be. We all agree that we want women of refinement, ability and the best possible education. The only question is as to what shall constitute their training after they are once within the hospital walls.

A Boston surgeon, lecturing to a class of nurses, surprised them by saying that if he had to choose he would prefer a nurse who knew a few ways of dressing hair to one well grounded in anatomy and physiology. Experience has taught many of us that a knowledge of how to read aloud well and an acquaintance with current novels and current events has contributed much more to the suc-

cess of a nurse than much study of bacteriology. Osler quotes from Froude: "The knowledge which a man can use is the only real knowledge, the only knowledge which has life and growth in it. The rest hangs like dust above the brain or dries like rain drops off the stones."

You may condemn my view of the matter as narrow and utilitarian, savoring of the spirit of modern industrialism, but I believe that our education is often in the wrong direction and that we sometimes pay too dearly for it. If the nurse comes to any study utterly weary in body and mind, if she must forfeit rest and recreation in its pursuit, if her patients must lack systematic and intelligent care, then the cost is too great. After all, nursing the sick isn't learned in the classroom, and the majority of nurses see very little relation between what they there hear and the actual ward work. We learn nursing at the bedside of the patient in his actual care under constant and careful supervision. When, with minds full of the crowded duties of the day, superintendents and teachers forget that the immediate care of the sick is not the primary object of a school, nursing is not well learned. It isn't learned in the mad rush of many of our modern wards, with no ward teaching except that of a head nurse too hurried to give more than a breathless order. The ward teaching sometimes reminds us of the practical methods in vogue in Dickens's Dotheboys' Hall.

A practical, able, overworked superintendent of nurses, showing a visitor through the wards, stopped to explain various appliances on a little tray, planned to make the taking of temperatures eminently safe and scientific. During the explanation the visitor's eyes followed the movements of a nurse taking temperatures on the other side of the wards and saw her violate every one of the rules the little tray was meant to make easy and practicable for her.

Nursing is not well learned when a probationary period, during which the ward work, for the most part taught by a fellow pupil of little more experience, is followed by a junior year, which is one mad rush of things once shown, facts imperfectly digested, and a vain seeking for the reasons of much doing, and is finally crowned by a senior year of re-

sponsibility, for which she receives no special training and for which she is unfitted.

If we are honest, we must confess that the patient as a human being plays very little part in the thought of the nurse in training. His comfort is not the centre of her many activities. Just to the extent that her work is done *per se* and not with the patient in mind, is it done unintelligently, and it is the source of more than half the friction between patients and nurses and between doctors and nurses. We can hardly wonder at results when we study existing conditions. There are seldom enough nurses to do all the work required. The strain upon the head of many a school in trying to divide an inadequate force so as to cover deficiencies is tremendous. The working time of the pupil is so divided by class, demonstration, lectures, examinations, hours off, that she hardly knows what it is to have individual patients. An intelligent study of the patient and his needs is not possible to her.

Jane Addams's article of a year or two ago on the point of view of the patient in the hospital conveyed much truth and deserved much more study and thought than it seemed to receive. Is there any head of a school who has not heard a patient say: "I try not to ask for anything, the nurses are so busy"? There are so many things to be borne in mind. The spreads must be tight and tidy before the superintendent of nurses comes; the shades must reach the line approved by the superintendent; the chart must be in order for the visiting doctor; the linen folded before the head nurse comes back from her hours off.

A doctor coming out of a ward said to me: "What is the matter with that woman? Can't she see that the wind blows directly on Mrs. Cole, operated upon this morning, and that Mrs. Irwin is trying vainly to get away from the sun shining directly in her face?" The trouble with the nurse was that she was worn out. She was trying with aching feet and tired brain to do two women's work and was fast losing that keen, vivid interest and joy in her work with which she started, and the added pity is that all her future work will suffer from this lack of cultivation of her perceptive powers. Her ambition to cover all the ground possible is often the undoing of the nurse, and later means much suffering to herself and much lack of comfort to her patients. Her

first year of private duty is often a time of great chagrin, which gives some inkling of all that she has missed.

The teaching the pupils need, and the teaching the patients and wards show that they need, is bedside teaching—not one showing how to do a thing, but constant, daily instruction and oversight, with time to cultivate that spirit which Christ showed when he washed the feet of the disciples.

All of which brings us very naturally to a consideration of the teachers of nurses. With the growth of the school of to-day, and the increased work and responsibility, that close personal contact of the head of the school with the pupil, that personal contact which made so valuable the work of earlier days, has been largely lost. It sometimes happens that the head of the school is almost a stranger in the wards. We are only just beginning to realize that the admirable qualities which make a woman a good executive head of a department or institution do not, of necessity, make her a good teacher; and, that teachers of nurses need as careful a training in teaching as the teachers of children. Every large hospital receives yearly applications for nurses for executive positions. The best available graduate is sent, and, thus it happens that scores of young women go out every year to do such work, in spite of the fact that they may never have held a single recitation or received the slightest instruction in the methods of so doing. In addition to which, they often have not the faintest conception as to how to buy hospital supplies or how to keep hospital accounts. For this lack of preparation the nurse pays in worry, anxiety and needless mistakes, while the loss to the institution and to those under her it is impossible to estimate.

It is a great economic waste that all our large schools and even our schools of moderate size are not doing post-graduate work. The demand for it grows every day. An ever-increasing number of nurses is seeking additional training. Nurses from small hospitals in small towns who desire to broaden their outlook by contact with nurses from other schools and by a glimpse of life in cities; nurses who

have done private work for a long time and now desire to brush up generally; nurses desiring new surgical methods; nurses seeking executive positions; nurses who desire to fit themselves for visiting nursing or social welfare work. For whatever reason they enter a post-graduate school, their fate is similar—they are put together, the round pegs getting into square holes, to learn in the old way largely by observation and doing, but they are seldom or never classified and they receive nothing like systematic, definite, daily instruction by a trained teacher in that specialty which they desire and have often made considerable sacrifice to obtain. A special hospital built for special needs, confronted by the necessity of caring for its sick, gives her many valuable lessons, but it is impossible to classify such students or to give them what they seek. In a large general hospital, or even in one of moderate size, the material is ready, waiting, and the work can be done greatly to the advantage of the hospital. The one thing lacking is usually the teacher. The old difficulty crops up constantly, the tendency being to place the nurse in a department to pick up haphazard what she can—an extremely wasteful process. With the work outlined, systematized, and in the hands of a practical teacher, with time to devote to it, the gain to everybody concerned would be very great.

Small hospitals, neighbors in thickly settled districts, could gain very much by having a supervising teacher in common, who should spend her time in going from hospital to hospital, and in having regular meetings of all the teaching head nurses or supervisors.

We need not only regular teachers' meetings like those of our public schools, but we need something like the yearly institute of the public schools, which calls together all the teachers of a county for a comparison of methods and work. Think of the glorious work and opportunity for our nursing organizations when they once realize that general meetings are wasteful in the extreme and that sectional work, so arranged that each nurse may find help in her own specialty, is the ideal way.

Book Reviews

The coming book, "*Hospital Management: A Handbook for Hospital Workers*," on which, for two years, Miss Charlotte Aikens has been working, is now in press and will be issued this fall. Miss Aikens has planned and edited the volume, to which about fifteen of the prominent hospital workers of this country and Canada have contributed chapters. The volume will be of convenient size, well illustrated and thoroughly practical from cover to cover. It is sure to find a cordial welcome when it issues from the press.

Preventable Diseases. By Dr. Wood Hutchinson. For sale by Lakeside Publishing Company. Price, \$1.50, post paid. Nurses who read the popular magazines need no introduction to the writer of this volume. Dr. Woods Hutchinson has done much in recent years to popularize the study of preventive diseases on the part of the laity by his breezy and vigorous articles on medical subjects.

In this volume there is a vast fund of information and practical health suggestions written in a style that is readable, interesting, almost fascinating. Some of the subjects treated are: "The Body Republic and its Defense"; The Physiognomy of Disease: What a Doctor can tell from Appearances"; "The Natural History of Typhoid Fever"; "Adenoids, or Mouth Breathing: Its Cause and its Consequences"; "Tuberculosis, a Scotched Snake"; "The Herods of our Day: Scarlet Fever, Measles, and Whooping Cough"; "The Great Scourge: i. e., Pneumonia and its Cure"; "Colds and How to Catch Them"; "Treason in the Body: The New Theory of Cancer"; "Nerves and Nervousness"; "Appendicitis: Nature's Remnant Sale"; "Malaria: The Greatest Foe of the Pioneer"; "Rheumatism: What It Is and Particularly

What It Isn't"; "Headache: The Most Useful Pain in the World"; "Diphtheria, The Modern Moloch: Offering up a Guinea Pig for the Life of a Child"; "Mental Influence in Disease; or, How Does the Mind Affect the Body?"

As a volume of required reading for a class of probationers, there could be no better. As a book to be picked up when off cases, to freshen up one's knowledge, it is so far as it goes, unexcelled. Nurses, doctors and patients might profitably own and read this volume.

Practice of Osteopathy, its practical application to the various diseases of the human body, by Charles H. Murray, A.B., B.D., D.O. Illustrated with 108 half-tone engravings. Price \$2.50. For sale by the Lakeside Publishing Company.

It is difficult to review with fairness a work on a subject on which one is skeptical.

While we believe in the value of deep massage in many cases, we do not believe that osteopathy will be of much help in many of the diseases mentioned in this work as curable by it.

However, our personal bias aside, if you are an osteopath, or if you want to become posted on osteopathy, here is a good book for you to read.

It is printed in large, readable type, and, as above mentioned, has 108 half-tone engravings, and the work will certainly give you a clear insight into osteopathy as it is presented to the public to-day. Probably no serious and well intentioned book has yet appeared from which an equally serious and well intentioned student could not derive much value, and we feel sure this is the case with this work. At any rate, it will certainly be a useful book for the osteopathic disciple.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Private Nursing in Rome.

To the Editor of The Trained Nurse:

You asked me long since to write something about private nursing for the American Graduate in Rome. It can be summed up in a few words and the following advice might cover the whole outlook: That I heartily discourage any nurse from the idea of finding enough to do to keep her. This may seem a strange statement to make, but the trained nurse is an unknown quantity in the Italian home, the home that corresponds to the American home, and it is even of rarest occurrence that a nun is called in to minister to the needs of a sick member of the family, even among the well to do classes, the idea being that discredit would fall on the rest if a stranger were called in to perform what to them are simple duties. Perhaps, this is only another evidence of the love of family which exists to such a strong degree in Italy.

Among the foreign colonies in Rome, or among the traveling tourists, a nurse might occasionally be called to a case, but this work is very casual and uncertain, and usually restricted to the three Spring months, February, March and April, which to persons not thoroughly acclimated is a treacherous time of the year and colds often turn to pneumonia. I have spoken with several nurses who have had the courage to try their fortune in this city and from not any one has there come an enthusiastic reply; a hard fight for most if not for all, and after a certain venture they are glad to return home, sadder and wiser. It meant living in Rome at great expense while waiting after paying the customary round of calls on the physicians. And it is not here as at home, where a nurse settling in a strange place waits, yes, for her first call, and perhaps long enough to get blue and discouraged, but after it comes may consider herself practically

launched if she does herself credit. Here a nurse receives her first call and in it she enjoys the satisfaction of the unusual, for if she is ever lucky enough to receive another it is probably after a lapse of weeks.

Two foreign nursing bodies exist in Rome that monopolize between them what nursing there is to do. The first is the "Anglo-American Home," a small sized and well equipped hospital situated on the outskirts of the city, and the other is a large Roman Catholic Convent of an English order of sisters. "The Little Company of Mary," who have accommodation for a large number of patients. They send out sisters in answer to outside calls, and as their fee is quite a nominal one, they are much in demand. The "Anglo-American Home" also has a competent staff of nurses, all English, sufficient in number to attend to the patients and to answer calls. Both these institutions are largely patronized by the foreign physicians. It is easily seen how a nurse steering her career alone, if she gets any work to do, it consists only of the overflow the two institutions cannot take care of, and this overflow occurs during the season above mentioned.

The "Anglo-American Home" is supported by both English and American contributions and donations, and is intended for those English and American residents or visitors in Rome, who, falling sick, wish to be cared for in a hospital. The staff of nurses, however, whether by accident or intention, are all English. Rumor has it that the directress of the home was heard to observe that they had no need for American nurses there, but gossip holds sway at times in the Eternal City.

This report covers the present and past situation as regards private nursing in Rome. That the future may hold more scope for it is possible now that a training school for nurses has

been started, with a small beginning in connection with a part of the Polyclinic.

PHYLLIS S. WOOD.

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In Reply to Miss Barclay.

To the Editor of The Trained Nurse:

In the August number of your magazine Miss Anna W. Barclay sees fit to take me to task about some things I did *not* say in my recent article on "S. D. A. Nurses." She makes me seem to carry the idea that the nurses under consideration act independently of the physician who gives them employment. I have since reread my article in some alarm lest I really did convey that impression in my remarks, but was speedily reassured, for nothing of the kind appears in the article. In fact, I could not go nearly so far as my critic went when she said: "From the beginning of nursing, nurses have had to give treatment under a physician's order which they, perhaps, did not approve." I could not go quite so far as that, for it is generally understood that the doctor knew about as much about the case as the nurse.

What I desire to convey by my remarks is that there are occasions and circumstances innumerable where the trustworthy nurse is given her own way to treat (not medicate) the case largely at her pleasure and in her own way. There are many times and occasions where emergencies arise and something must be done immediately. I have never heard of a physician criticising a nurse for such use of the measures mentioned when used to meet an emergency suddenly arising in his absence. Then there are times that the nurse is sent to the country alone to carry along a case of fever or some chronic disease. I myself have had such experience more than once and was given instruction by the doctors that sent me to see what could be done by our methods. S. D. A. nurses are constantly filling such calls, and it is up to them to be able to meet this demand.

Nurses, any nurse, should so hold the confidence of her employing physician that she will be given her way largely in the care of ordinary cases. When a doctor gives minute orders and instruction in the care of common cases, he does it because he does not have explicit confidence in the nurse's ability to do

her part of the work without such orders. Of course, when the nurse is strange to the doctor, this may not hold true. But I have found in my few years' experience that most doctors exercise the, at least, usual intelligence of mankind in reading the character and ability of his helper. A doctor does not, as a rule, care to be a tyrant over his nurses and dictate just when and how she does the myriad little services she may do for her patient. It is in these things the up-to-date nurse may make use of the methods mentioned in the article Miss Barclay laid under criticism.

One thing more, Madame Editor: S. D. A. nurses, in common with all others, recognize that when working for a physician the responsibility from a moral standpoint does not extend to what the physician may do or not do. When a drug is ordered, the responsibility is the doctor's, not the nurse's. And when the doctor learns that you can make use of rational measures, he does not use his prescription blank nearly so often, and, I may be permitted to say, the patient as well as the nurse is the gainer.

Not to make unfavorable comparison nor to criticise others was the article written, but to encourage advancement in the profession—an advancement that is more than such in professional mannerisms or financial gains, but that we may advance in real usefulness was the article written. Very kindly,

JAMES D. MONTGOMERY.

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Chanute, Kansas.

To the Editor of The Trained Nurse:

A little more than a year ago I wrote a letter concerning the nurses' problem as to locating, and unwittingly asked for personal correspondence. I received numberless letters, so many it was impossible to answer them all.

One nurse from the far East came and helped me in my little hospital for a few months and has been very busy doing private duty ever since. We are needing more private nurses now. The interest in *trained* nursing is rapidly growing, so also is our hospital work. Our work of the last year has been double that of the year before. We are needing more nurses in the hospital, and can scarcely ever find an idle nurse when we



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want one. I am sure a few more nurses might do well in Chanute. What is true of Chanute doubtless is true of many other Western towns.

If nurses looking for such a location care to write me further in regard to Chanute, I will answer a few, making selection from those I may receive. I would be glad to answer all but know that would be impossible, unless I should do so by a detailed letter in *The Trained Nurse*, and that would require more space than you have to spare.

Thanking the editor for giving me space at all, I am, sincerely,

L. ELLEN HARRISON,
Supt. "Harrison Hospital."

Chanute, Kans.

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Reply to Replies.

To the Editor of The Trained Nurse:

I know Miss Aikens has not directly advocated giving doctors control, but I claim that the logical outcome of having them on our boards will be that very thing. What other object could they have in view? Once upon a time they were just as unwilling to trust us to own and operate our directories, but their opposition is fast dying out since their fears have proved groundless.

I do not doubt for a moment that there is dissatisfaction in every State regarding its law for registering nurses. We would have been marvels indeed could we from the start, have framed laws exhaustive, final and acceptable to all concerned.

But the particular dissatisfaction it is essential we should investigate now is this which is attributed to the physicians, who object to boards composed entirely of nurses. In how many of the seventeen States having such boards did physicians take the matter up with the committees to whom the nurse bills were

assigned? What were the arguments they offered in support of their claim to representation? What were the arguments the nurses used to combat these claims and to convince the legislators it was right and proper for a nurse board to be composed of nurses, and nurses only?

If we could get at these additional "facts," they might help us all to reach sounder conclusions. For my part, I should like to have this topic find a place for discussion at all the next annual meetings of the medical societies—State, sectional and National—and have the reports of both the majority and minority published, that we might have an opportunity to consider all the pros and cons.

So far, all the reasons given in support of the doctors' claim strike me as either trivial, specious or illogical; and I am satisfied that if all the nursing in the United States were done by male nurses, never a word would we hear of doctors serving on nurse boards; and also if all our druggists were women, then there would be an outcry to have physicians on State boards of pharmacy!

Whatever jurisdiction a physician has over nurses is confined either to the individual nurse, as a private duty nurse, or to a group of nurses, those in a ward, or to some special department worker. When a nurse's connection with a case, ward, or special work, terminates, the physician's jurisdiction over her ceases. In other words, he has no right to a voice in the corporate life of nurses.

As to having hospitals represented on our boards because the status of hospital schools, is considered by them, supposing hospital authorities were to build and support medical schools for supplying their institutions with physicians and surgeons, would such logic (?) be applied acceptably to medical boards of examiners?

AN EX-EXAMINER.

Personal.

Miss Edith Willis has accepted a position as superintendent of the Epworth Hospital at South Bend, Ind.

Miss Sadie L. Jean and Mrs. Mary Sims, school nurses at Baltimore, Md., have been engaged on duty in the playgrounds of the city during the Summer.

Miss Myra M. Sutherland, superintendent of the Corning, N. Y., Hospital, has tendered her resignation.

Miss Luella McAlpine, formerly operating room nurse at Columbia Hospital, Pittsburg, Pa., has accepted the position of superintendent of Greeley Hospital, Colorado.

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Massachusetts.*

MISS AYER: I was reminded of what our register says down at Providence. I ask her very often if there is very much demand for attendants in the cheap kind of nurses. She says there are always a few who take them, but she says there is always a great deal of complaint—the woman who takes care of the mother and baby and does the work, I suppose that must be what they mean by the domestic nurse. She says that there are not more than three or four women to fill that kind of a place.

DR. PALMER: May I ask if those three or four women are not pretty constantly employed?

MISS AYER: They say there are times when they are in demand. It just depends on the needs of the public, but there may be a time when there is no demand; depends simply on circumstances. And probably the district nurses do more of what the old-time nurse did. They go in and wash and dress the baby, and follow it up, so that fills a good deal of that need among the more needy classes.

And the remark about what we were going to do to improve our training schools. I think our fundamental question is how to secure the best possible applicants. There is a very old but homely proverb that "You can't make a silk purse out of a sow's ear," and it is just as true about making nurses out of poorly educated material, or material that is under grade physically or mentally. I suppose if you talk with any one in any special line of work, whether educational, industrial or hospital, they will have the same story to tell—that they haven't enough good material to fill the positions. There never was a greater demand than there is at the present time for educated women; with the amount of preventive work,

with the amount of actual teaching, where there is a greater demand for nurses to fill that class of position—and yet there isn't enough material to fill the positions satisfactorily. And I think probably they are having to accept grades of women that are not up to their standards—they have to take them from the material which they have. And the same thing with our training schools, with our positions for nurses—it isn't altogether the fault of their opportunities. We always know we graduate a great many young women who have not lived up to the opportunities that they have had; it wasn't perhaps that they didn't want to. You have got to have some basis of good home training, got to have a fairly good mind, and educational opportunities; you can't expect to supply all these in three years. The great trouble is that there is too much expected of the training school—we don't go back far enough!

Dr. Washburn: I was interested in what Miss Ayer just said. I have been very much impressed recently with the dearth of material to fill higher positions in the training school—the lack of women with sufficient education and culture to be put in the responsible positions of the great modern hospitals. We intend to make a distinct effort at the Massachusetts General Hospital to make our course sufficiently attractive so that we will be able to get more women of education. One way which we are about to start is to increase our numbers so that we may shorten our hours. It has been the story, I think, in the past whenever we have approached college graduates and suggested to them the opportunities open to a trained nurse they have been frightened by the length of the hours of work. We hope to remedy this by shortening our hours. We intend to make our course in training more attractive in other ways.

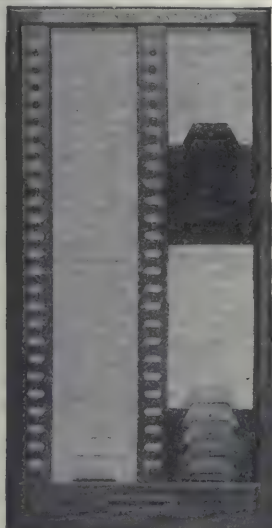
Dr. Cook: I do want to say a word for the small hospital—one phase or two phases that

*Continuation of the report of the tenth semi-annual meeting of the New England Association for the Education of Nurses, the subject under discussion being the training school report of the Hospital Association.



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have been alluded to. There is no question but what much that has been said about the small hospital and the inadequacy of the training given is true, but I don't know that wholesale condemnation of it is true, and I believe that a small hospital can be so equipped and have such a superintendent and assistant superintendent and head night nurse and others, that it can give a good training; and I don't think that, even if it has less than twenty-five beds, with that equipment it should not be admitted, and yet there is no provision for any such in the statement. It says: "Hospitals with less than twenty-five beds unless they can affiliate." Now, that isn't absolutely true of all small hospitals; it doesn't need to be true, and therefore I wish to take exception. I am sorry to have to be a little personal in it, but I know—because we have proved it in our little hospital, because we have had four graduate nurses there as superintendent of nurses, assistant superintendent, head nurse and as night head nurse, all graduates of a large hospital where they had fine training. And Dr. Richard Cabot made a point that it should be not the number of beds, but the number of cases, and by that classification our little hospital made an excellent showing. Taking the number of patients to the nurse it made a much better showing than some of the large hospitals which were by this report allowed to handle training schools because they had a larger number of beds, but in a classification that gave the number of patients in those hospitals they didn't have as many patients per nurse as we had in our little hospital.

Then this small hospital must have its nursing done by graduate nurses. They can't afford it any more than the large hospitals; and will you show me the large hospitals that could afford to go out and hire all its nursing done by graduates? We have had occasion in the last few months to look up a superintendent, and one of those who was under consideration was one who had been superintendent of three different hospitals, and one of them was where they had all graduate nurses, and she says, "I don't want anything more to do with the general hospital with all graduate nurses; they are too independent! You can't make a graduate nurse do the things as you want them done, and you can't maintain the

same discipline!" Now, what is this small hospital going to do with those graduate nurses?

Another thing. You say send these nurses around to special hospitals. We have had little experience in that. We had an arrangement with one of the first hospitals to take up obstetric training, to send our nurses to another hospital for obstetric training, and we have been crowded out by large hospitals that have waked up to the fact that it is necessary. We were crowded out by two large hospitals, and the hospital to which we had sent our nurses felt that they would rather have nurses from two large hospitals than from several small ones. I was told that by one of the physicians. They said, "Your nurses are first rate, they are well trained, but we have to take them from so many different hospitals that we rather have them from two large hospitals—which we can do!"

While our nurses were there they were found to be competent and well trained in the Caesarian section, and at one of the hospitals they were told that their nurses must have better training along that line before they came there. To-day we have got up where we have our twenty-five beds, so we are allowed to have a training school.

Our superintendent, who has been there twenty-five years, was opposed—didn't believe in training schools—and she accepted it under protest, because it was the only way we could get our patients cared for. She is to-day a very enthusiastic advocate and believer in the small training school, and thinks it can do some things that the large training school cannot. And I think we ought to recognize the fact that both have their advantages, and I agree most heartily with the report except that statement that the hospital of less than twenty-five beds should not maintain a training school. In obstetrics—we have had thirty-four maternity cases this year, and our nurses are under the superintendent's control, and in some larger training schools they are not learning what our nurses are. And our nurses who come in contact with nurses from other hospitals come back somewhat demoralized; for instance, in the matter of bedclothes. We have had trouble lately—within the last twelve or eighteen months—and nurses come back saying, "You can't help having trouble, of

Feeding Convalescents



The problem of feeding patients convalescing from Pneumonia, Typhoid, La Grippe, Appendicitis, and other grave acute diseases, often taxes the physician and nurse to the utmost for a solution.

The digestive organs, in common with others infected, are usually in a weakened condition and require carefully selected food which will not over-tax their functional power, and thus defeat the end and aim of alimentation.

Grape-Nuts

is a scientific aliment made of whole-wheat and malted barley. It contains the four elements required by dietetic science to form a complete food—protein, carbohydrates, salts and fats; the latter gauged by the amount of cream added when the food is served.

About 49 per cent of the carbohydrates is changed by the diastase in the barley into **soluble** carbohydrates—dextrin, maltose, dextrose, etc. This form of carbohydrates, every scientific physician knows, is quickly absorbed and at once begins to supply energy to the system.

Grape-Nuts is also fully sterilized by the long baking (12 to 16 hours) but is carefully guarded from excessive heat, thus preventing any degree of carbonization—the sugar of the cereals being retained in perfect condition. It is thus especially adapted to feeding convalescents from infectious diseases.

The food is always readily available—requires no manipulation or cooking—simply **pour from package to saucer**, add cream and eat slowly. The crisp granules encourage mastication, the forerunner to perfect digestion.

The “**Clinical Record**,” for physician’s bedside use, with name stamped in gold letters on cover, will be sent to any physician who has not already received a copy. Also prepaid sample box of Postum and Grape-Nuts for clinical experiments.

Postum Cereal Company, Ltd., Battle Creek, Mich., U. S. A.

course you will have bed troubles sometimes." And sometimes when they have come back the bedclothes were a disgrace, but we are getting them back to the standard again. Our own experience is that it is a question whether you want to let your nurses go, unless you know where they are going.

And we are fortunate enough—and I speak of our own training school, because I want to stand for the idea—we are fortunate enough to have got as the next superintendent one who has had a fine experience, and our hospital will still have graduate nurses for its superintendent of nurses, its assistant superintendent and its head nurse, all from one of the largest training schools in Massachusetts. Now I believe that you are entitled to have a training school, even if you haven't twenty-five beds to begin with, and in this way you can give your nurses good training. We have four of them nursing in New York City, doing good work; we have two doing district work; we have one that has been in the infants' hospital in Boston and was offered the position of assistant superintendent there, all from that little school.

Excuse me for being so personal, but I wanted to say something for the small school.

Adjourned at 9:55.

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Connecticut.

The first meeting of the season of the Alumnae Association of the Connecticut Training School was held Thursday, September 1 at the hospital dormitory. In the absence of the President, Miss Margaret Stack, and both vice-presidents, Mrs. Burwell called the meeting to order. After the general routine a discussion of ways and means for the fair to be held this Fall, some time in November, was had. Some of the committees were appointed to start the work, and at another meeting, held Friday, September 9, at 3 p. m., all graduates in the city from all schools were invited to meet at Mrs. J. Marsh's home, No. 858 Howard avenue, to perfect the plans already started. We hope our friends out of town will be prompt in sending in their contributions of useful and fancy articles. We would be most grateful for dolls from any school dressed either as orderlies, doctors or in the uniform the nurses wear. Mrs. J. Marsh will take care of all contributions sent

to her, as she has ample room to store anything from a pin cushion to an automobile. Sixteen nurses met with Mrs. Marsh to sew rags for rugs for the rug booth on Friday, August 26, at 6 o'clock. Mrs. Marsh served a delicious supper. Mrs. Brown told fortunes, the proceeds are to be added to the delegates' fund.

Be sure and send in your order early for one of those lovely washable rugs, for the weaving of which we are indebted to Mrs. Marsh.

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New York City.

The regular monthly meeting of the Alumnae Association of the N. Y. C. T. S. was held at the Academy of Medicine, No. 17 West Forty-third street, Tuesday, September 13, at 3 p. m. There was a lecture by Dr. William L. Stowell on infant mortality, and afternoon tea was served in the banquet hall.

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New York.

At the annual meeting of the Buffalo Nurses' Association the following officers were elected: President, Mrs. Harriet D. Storch; first vice-president, Mrs. Gertrude W. Boyd; second vice-president, Miss Mary Jayne Cole; corresponding secretary, Miss Allie Lindsay; treasurer, Miss Nellie Davis; recording secretary, Mrs. Florence Lehr; City Federation secretary, Mrs. J. L. Brodie; Western Federation secretary, Miss Maud B. Crary; trustee, Mrs. Jennie Anderson; directors, Miss K. I. Kennedy, Miss Margaret Kennedy, Miss Margaret Kamerer, Mrs. A. J. Martin.

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Pennsylvania.

The Pennsylvania State Board of Examiners for Registration of Nurses is sending out the following statements for publication:

"In reviewing the work of the past year the board feels gratified at the general interest taken in the work, not only among the graduate nurses, but also physicians and the public. The number of graduates registering far exceeds the expectations of the board and registration in other States. The board is happy in the thought that the standard of the hospitals graduating nurses in this State is of a very high order of efficiency, and that the

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No.
9

The Anemia of the Climacteric,

due to the more or less excessive direct blood loss, is always materially benefited by the regular use of

Pepto-Mangan (Gude)

This efficient hematinic serves to restore the sufficiency of the vital fluid, and thus render the patient more resistant to the continuous drain upon the vital bank account.

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Our Bacteriological Wall Chart or our Differential Diagnostic
Chart will be sent to any Physician upon application.

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A Drink in Fevers

A teaspoon of **Horsford's Acid Phosphate** added to a glass of cold water makes a cooling and refreshing acidulous drink for the patient during convalescence from typhoid and other febrile conditions.

Its superiority over Dilute Phosphoric Acid, or any other acid, is due to the fact that it contains the phosphates of calcium, sodium, magnesium and iron, which means increased nutrition.

Horsford's Acid Phosphate

is more palatable and strengthening than lemonade, lime juice or any other acidulous drink.

RUMFORD CHEMICAL WORKS, Providence, R. I.

management of these hospitals is making every effort to establish a uniform curriculum, and training their pupils in a reasonable and practicable way.

"The board recognizes the fact that time will be necessary for a certain proportion of the training schools to come to that standard which the medical profession throughout the State requires, and the fact should be emphasized that this board is most anxious to be of assistance to those schools so that when examinations begin the entire medical and nursing professions will be satisfied with the registration law as administered by its board.

"For the good of registration in Pennsylvania each member of the board has taken a personal interest in nursing affairs in all its aspects. They have been untiring in their efforts to place the subject properly before the public. It now remains for each individual graduate, who has registered, to show to the public and medical profession that registration is a guarantee that she is obedient to the doctor's orders, that she has skill in carrying out those orders in a way that will produce the results expected by the medical attendant, and with the least possible expense and discomfort to the patient.

"The registered nurse should study in a practical way all those points taught her in her training days, regarding patience, loyalty and obedience, and practice them as a nurse under the direction of the physician. She should refrain at all times from criticising the medical management of any case. In emergencies she should consider herself a layman with some ability to keep the patient safe until proper medical attention arrives.

"It is the opinion of the board that those nurses having the best training are those that appreciate the value of registration and are most cautious in assuming responsibility, and that it is the poorly trained and ignorant nurses who very foolishly call upon their profession the odium which their actions warrant. It might be well for all registered nurses to commit to memory a quotation from an editorial in the 'Pennsylvania Medical Journal' of May, 1910, which is as follows:

"The title "Registered Nurse" will be of value just in proportion as experience shall convince physicians that nurses that have passed the State Board are, as a rule, better

than nurses that have not passed such an examination.'"

On page 182 of our September number we published a picture of a group of nurses with their superintendent. By a printer's error it was stated that these nurses were from New York, whereas they were from the Conemaugh Valley Memorial Hospital, Johnstown, Pa. The superintendent in the picture is Miss Jessie L. Greene, and in this connection it is interesting to note that Miss Greene has been connected with the hospital sixteen years, having graduated in the first class after the training school was started. She has been superintendent of the hospital and training school for ten years. The class is the twelfth class graduated from the school.

Camp Liberty Bell, Spanish-American War Nurses, entertained at luncheon Tuesday, September 20, at the headquarters, No. 922 Spruce street, Philadelphia, Pa., the visiting delegates to the convention at Atlantic City.

The regular monthly meeting of the Nurses' Alumnae Association of the Medico-Chirurgical Hospital, of Philadelphia, Pa., met at the hospital, September 7, at 3 p. m.

The attendance was fairly good, this being the first meeting after vacations. It was decided to hold a dance this Fall for the purpose of raising money for our endowed room. Much interest was manifested and we expect every member to assist the committee in charge.

After the regular business of the meeting a short social hour was enjoyed.

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Oklahoma.

The graduate nurses of the State of Oklahoma will hold their second annual convention in Muskogee, October 18 and 19. The meeting will be held in Commercial Club Auditorium. Many pleasures have been planned by the local association for the visiting nurses, and it is hoped that all who attend the meeting will receive much benefit.

+

Married.

Miss Martha Waugh, of Waterbury, Conn., was married July 20 to Mr. George Fawley, of Argyle, N. Y., where Mr. and Mrs. Fawley will make their future home.

Gastric Catarrh

with its fermentation, nausea, pain, distress and other disagreeable symptoms, is rapidly and often permanently relieved by the use of

Gray's Glycerine Tonic Comp.

and this not infrequently when other remedies have proven unavailing. The reason is easily found in the general reconstructive and upbuilding influence of this effective tonic. In other words, it overcomes local conditions not only by directly promoting the functional activity of special organs and tissues, but also through substantially increasing general bodily vitality.

Thus it is that the therapeutic effects from "Grays" are far reaching and permanent—not superficial and fleeting.

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11 "	" " " - .50	5 "	" " " - 2.25

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42 SULLIVAN ST., New York City

When you write Advertisers, please mention THE TRAINED NURSE.

At Providence, R. I., August 31, by the Rt. Rev. Mgr. Doran, Miss Amy Mary Bissett to John Thomas Collins. Mrs. Collins is a graduate of St. Joseph's Hospital, Yonkers, New York, class of 1900. Mr. and Mrs. Collins will reside at Newport, R. I.

Miss Mary Kennedy, of Battle Creek, Mich., was married August 17 to Mr. Rufus F. Katz, of Marshall, Mich. Mrs. Katz is a graduate of Kalamazoo Hospital Training School, class of 1905, and has been a very successful private nurse for the past five years. Mr. and Mrs. Katz will reside at Marshall.

The marriage is announced of Miss A. J. Haentsche, formerly of the Division Hospital, Manila, P. I., to Mr. P. Hube.

Miss Effie J. White, a graduate registered nurse of the Homeopathic Hospital Training School of Iowa City, Ia., has recently quit the nursing profession and taken up the duties of housekeeper. On July 12 Miss White was united in marriage to Mr. Ernest A. Opitz by the Rev. Mr. Locke at the Methodist parsonage, Tipton. Mr. and Mrs. Opitz will reside on the farm owned by Mr. Opitz, about seven miles from Tipton. Mrs. Opitz located at Tipton about seven and a half years ago and has been very successful in her chosen profession. She has many friends who join in wishing her and her husband much joy in their new life.

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Personal.

Miss Emma C. Forbes and Miss Edna Howe, graduate nurses of the New London Memorial Hospital, Conn., have been taking a trip through the Yellowstone Park. Both nurses have been graduated some years, and this trip is a well earned rest from work.

Miss Mary Louise Crosby, graduate nurse of the Shenango Valley Hospital, New Castle, Pa., succeeds Miss Bessie Bassin as superintendent of Wilson Hospital, Mayville Ky.

Miss Margaret Frances Donahoe, chief nurse of the Philadelphia Hospital, Philadelphia, Pa., has resigned her position and Miss Nellie May Rennyson, who has been Miss Donahoe's assistant for some years, has been

appointed to fill her place. The vacancy caused by Miss Rennyson's promotion will be filled by Miss Margaret Kelley, a graduate of the school. Miss Kelley was the gold medalist of her class.

The following students of the Pennsylvania Orthopaedic Institute, Philadelphia, Pa., received their diplomas at the end of the Spring term: Hallie C. Cord, Ruth Bennett, Annie F. Tidy, Margaret Foresman, Kathrine Stevenson, Clara B. Beauford, Anna M. Gutbrod, Madge Rafferty, Amanda C. Small, A. Frank Funk, Mabel F. Gray, Nellie S. Byram.

Resolutions.

Miss Bertha Winkler, a graduate of the Lutheran Hospital Training School, St. Louis, of the class 1909, died September 3, of typhoid fever after an illness of three weeks.

Whereas, It has been the will of our Heavenly Father to take to Himself one who was greatly loved by friends and those to whom she ministered in her profession,

Resolved, That we, the members of this Association, realizing this great loss, extend our deepest sympathy to her bereaved ones,

Resolved, That a copy of these be sent to her family, to the TRAINED NURSE and to the Association.

CORDELIA RANZ,
KATE KOTTKAMP,
ADELE KIECKERS,
Committee.

+

Obituary.

Died—At Innisfree, Alberta, Canada, Aug. 31, Ralph, eldest son of Mr. and Mrs. J. J. Gulley. Mr. Gulley was engaged on his farm loading his wagon with wheat, his little son, in his ninth year, was holding the horses, when he dropped one of the lines, and in reaching for it lost his balance and fell on the pole between the steeds. The horses started to run, dragging the vehicle over the abdomen of the child, causing such serious injuries that he died a few hours later in spite of all the physician and his mother (a skilful nurse) could do. Mrs. J. J. Gulley was formerly Miss M. E. Reilly, a graduate of St. Luke's Hospital, Newburg, N. Y.



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It contains no starch, rice powder or other irritants found in ordinary toilet powders. Dealers make a larger profit by selling substitutes. Insist on Mennen's.
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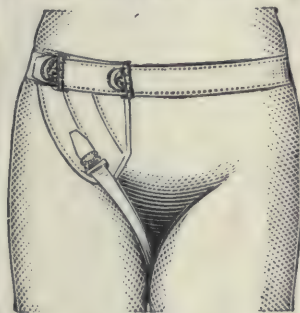
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Hernia, etc.

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Among the countless remedies that have been used for overcoming constipation, none have been found to possess qualifications so completely as Prunoids.

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Reliable Listerine.

The vapor evolved from Listerine in the sick room, by a spray, or saturated cloths hung about, is actively azonifying and imparts to the atmosphere an agreeable odor, which proves very refreshing to the patient.

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Bodily and Mental Strain.

The great bodily and mental strain to which a trained nurse is subjected, the loss of health and nerve power, through loss of sleep, irregular meals and hard work, is best met by using Horsford's Acid Phosphate. Try it and see.

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An Unexcelled Combination.

Two parts of dioviburnia to one part of neurosine is par excellence in hysteria, esclampsia, melancholia, female neurosis, uterine congestion, ovarian neuralgias, relieves all false pains, rheumatic, sciatic pains, neurasthenia from uterine diseases.

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Direct exposure to the sun's rays; employment in or living in hot and poorly ventilated offices, workshops or rooms, are among the most prolific causes of headache in Summer time, as well as of heat exhaustion and sun-stroke. For the pain following sun or heat-stroke, antikamnia in doses of one or two tablets every two or three hours will produce the ease and rest necessary to complete recovery.

Even from Spain.

It is contrary to my custom to write testimonials, but the results I have obtained from the use of Resinol Ointment and Soap are so extraordinarily satisfactory, that I think it my duty to say a good word for these products.

DR. EDUARDO TOLEDO Y TOLEDO.

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Ergoapiol (Smith).

The invigorating action of Ergoapiol (Smith) on the uterus and its appendages renders it of extraordinary service in cases of suppressed or scanty menstrual flow. The stimulating action of the preparation on the sexual apparatus is exceptionally marked and prompt, and its employment is invariably advantageous.

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Prompt and Satisfactory.

Jacksonville, Ill., Jan. 10, 1910.

OGDEN & SHIMER, Middletown, N. Y.

Dear Sirs—I send again for your fine Mystic Cream. This time I am going to order two jars, as I can not find anything as satisfactory as Mystic Cream. Thanking you for sending it so promptly always, I remain,

Yours truly, MISS L. L. DEFEW, T. N.

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After Appendectomy Operations.

Peak's Support, while not a particular new device, nevertheless, has been recently highly recommended for supporting the incision after appendectomy operations. Many hospitals have been using it on their patients very successfully for some time. It is made by the well-known Cincinnati firm, The Max Woche & Son Company.

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A Gallstone Operation with H-M-C.

I have recently used H-M-C tablets (Abbott) for gallstones on a patient of sixty-seven years, whose condition did not warrant a general anesthetic. The use of H-M-C tablets was supported by the local use of

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All courses may be commenced at the same time and finished within three months.

The instruction consists of daily clinical work and practical lessons on patients referred to our clinics from the various Hospital Dispensaries. Original Swedish (Ling) system, and Weir Mitchell's Rest-Cure system. All pupils attend clinics at several city hospitals. Separate male and female classes. Payments can be made to suit your convenience. Particulars and illustrated booklet on Massage upon request. An early application for admission is advisable.

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Large cake, 25c. All druggists. Samples free on request.

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Schleich's mixture, and the operation was completed, including the removal of over 700 gall stones without any pain to the patient and no subsequent nausea. (I also find this preparation the best pain reliever I have ever used.

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A Convenient and Stable Solution.

A solution of Boric Acid is always convenient to have at hand. To make the solution add one heaping teaspoonful of Boric Acid to a quart of warm water. The solution should be shaken occasionally until the Boric Acid is dissolved. When once dissolved it will keep in this condition indefinitely.

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In Exhaustion.

In all conditions of mental and physical exhaustion accompanied by malnutrition its effects are speedily manifested by an increase in functional vigor and a general improvement in the health of the whole body. Physicians who are not using Gray's Glycerine Tonic Comp. in their cases of general debility are urged to do so and note what really remarkable results they can obtain.

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School of Massage.

The fall class of School of Medical Gymnastics and Massage opened September 6, and will continue until December 6. The first weeks are devoted to demonstrations and practice in the technique of massage. New students from out-of-town are always assisted in finding suitable, inexpensive boarding houses in the vicinity of the school.

+

Formaldehyde Disinfectine Compound.

U. S. Disinfectine Compound is manufactured in the laboratories of the United States Chemical Company, under the direct supervision of Dr. Carl L. and Thornton B. Barnes. Extensive bacteriological tests prove that one box of U. S. Disinfectine Compound, in combination with one pint of water, will thoroughly disinfect a room of 1,000 cubic feet capacity. It is the best disinfectant to use in smallpox, scarlet fever, diphtheria, tuberculosis, measles, anthrax, typhoid fever, etc. Simple! Safe! Secure! U. S. Disinfectine Compound, the new disinfectant, will not stain or injure the finest fabrics.

Send for Circular.

The hospital devices illustrated in our circular, and one of which is seen in our advertisement in this issue, are the result of a deep insight into the needs of hospitals, and much thought and ingenuity to supply those needs. Our registers are exceedingly practical, simple in system, strong, of exceedingly good material and workmanship.

THE UNIVERSAL REGISTER CO.

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Chocolate Icing.

Make a vanilla icing, and add one tablespoonful of cold water to it. Scrape fine one ounce of Walter Baker & Co.'s Premium No. 1 Chocolate, and put it in a small iron or granite-ware saucepan, with two tablespoonfuls of confectioners' sugar and one tablespoonful of hot water. Stir over a hot fire until smooth and glossy, then add another tablespoonful of hot water. Stir the dissolved chocolate into the vanilla icing.

+

What It Is and Does.

The Acousticon is an electrically operated instrument, constructed in exact accordance with nature's laws, as to the transmission, multiplying and clarifying of sound-waves.

With it those who are deaf or hard of hearing can be supplied with the exact degree of accentuated sound that they require, and thus artificially equipped with what Nature denies them are placed on a plane of practical equality, so far as normal hearing is concerned, with all their fellow men and women.

+

Description of Relay.

The Sturm Signal System Relay, for hospitals, is mounted on a slate base in a pressed steel box, black enamel finish, 6 inches wide, 6½ inches high and 4 inches deep. The box contains all necessary fuses, binding posts and pilot lamp socket. The size of the box remains the same irrespective of the number of signal lights.

There is nothing to get out of order, as the relay signal box contains but one movable part, which is operated by electricity and restored by gravity.

The entire operating expense consists of the electric current which is used only during the period when calls remain unanswered. Inasmuch as all signal and pilot lights are of

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1908 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and co-ordination exercises.

The instruction will occupy about seven months, beginning in October, 1909. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechano-therapy or separately.

This course last four months, and the fee is \$25.

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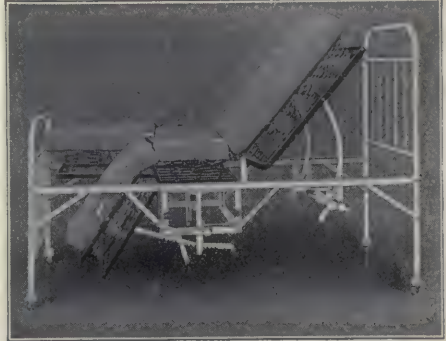
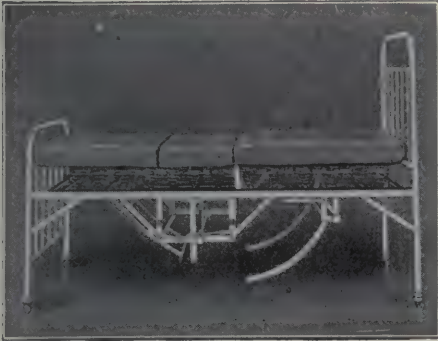
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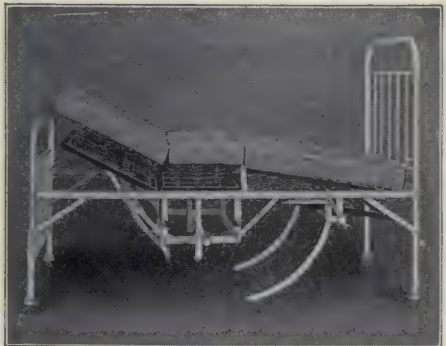
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The Trained Nurse and Hospital Review

A monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKESIDE PUBLISHING COMPANY
PUBLISHERS

OFFICE—114-116 East 28th St., New York City

THE TRAINED NURSE

has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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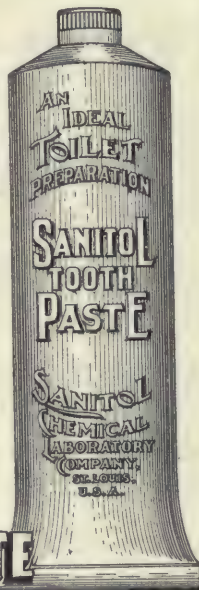
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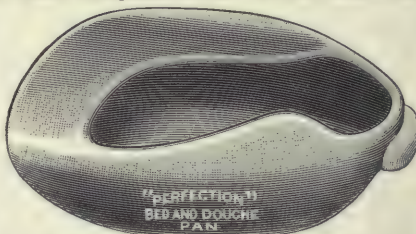
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**MEINECKE & COMPANY
48-50 PARK PLACE NEW YORK**

The Trained Nurse and Hospital Review

VOL. XLV.

NEW YORK, NOVEMBER, 1910.

NO. 5.

Ethics and Deportment for Attendants on Mental Invalids

CLARA BARRUS, M. D.

Assistant Physician in the Middletown State Hospital, Middletown, N. Y.

LET us consider the deportment of attendants on the insane and the ethics of nursing this class of patients in our State hospitals. In other words, consider how to act in the various situations you encounter and, also, why it is right for you thus to act. Briefly, we are to consider what is your duty and a clearer understanding as to what constitutes your duty will, I hope, be followed by conscientious performance of it.

Our duty is to help the patients—to help as many as are recoverable to get well speedily and to make those who cannot get well as comfortable, happy, useful and well behaved as possible.

The attendant on mental invalids is in a trying situation. He or she comes to the work with little or no knowledge of insanity and usually with preconceived erroneous notions. For example, he or she comes with the notion, so prevalent with the public at large, that the insane are to be hoodwinked and deceived and led to do things by false promises, or, if these methods fail, threatened or forced into submission.

Please understand at the outset that these are bad methods. The best way of dealing with mental invalids is the honest way. Honesty is the best *policy* here. A false promise may work once, but thereafter your patient learns to distrust you. Again, a patient who is threatened may do things because of fear, but the threat on your part establishes a wrong relation between you and him. Let your aim be to make him trust you, and rely upon you, to feel that you wish to help him in every possible way to be his best self. Likewise, if force is resorted to, if he obeys you because he must, then is he antagonized toward you, and henceforth regards you as his enemy, and you, in turn, by exercising an unwarrantable authority, are, to a certain extent, made tyrannical; so there grows up between you and the patient a feeling of perpetual strife, instead of one of trust and mutual helpfulness.

Your duty as attendants may be considered under six heads: Duty to the patients, to the institution itself and to its officers, to your associates, to your-

selves, to the relatives and friends of the patients and to the public.

Duties to the Patients.—Each patient is to be treated as a person, not merely as a case. He is to be addressed respectfully by name and title. In all relations with him, without undue familiarity, try to impress him with your friendly and helpful attitude, letting him understand that requests for certain conduct and co-operation on his part are because the officers believe such to be for his good, not because you wish to dictate to or to control him. Stimulate his self-respect and his desire to conform to normal behavior so that this will be voluntary on his part. Be his friend, and make him yours. Persuade and conciliate him, resorting to force only when absolutely necessary, and then have enough help so that you do not injure him or receive injuries from him. And, when necessary to employ force, do it calmly and quietly, controlling your own temper and voice; never let these episodes assume the nature of an angry struggle between you and the patient.

Especial pains are needful in the reception of patients to the institution or to a new location in the institution. Explain the rules and customs to a new patient. All is strange, and many are apprehensive and suspicious on admission. The removal of their clothing to be marked will be regarded as theft; the first bath, unless considerably given, may be thought a punishment and the like. Make first impressions favorable. Timid ones need to be reassured; the weak and sick to be treated with the utmost consideration; depressed patients call for especial vigilance to guard against self-injury, and need to be cheered and diverted from their melancholy. Excited and suspicious ones are

to be soothed and reassured, more by your friendly manner and offices than by words, and quarrelsome; untidy, destructive and dangerous ones require most tactful and resourceful management. The more troublesome a case is the more you are put on your mettle to discover the best ways of helping him.

Only a few days on the wards and you become aware how much care and patience it requires to deal with these unfortunate charges, and the longer you stay in the work the more will this be impressed upon you. There will be times when it will be very difficult for you to be patient with troublesome, unruly and malicious patients. There often seems so much method in their madness and they show such ingenuity in doing the things they ought not to do and in leaving undone the things they should do that you get discouraged and impatient, and sometimes downright angry, and then you find it hard to keep from saying and doing things which your better nature tells you are wrong.

It will make it easier for you to put up with all the trying ways of your patients if you will keep continually in mind the fact that they are sick persons—sick in body or mind, or both, or sick in their moral natures, even if they are able-bodied and are keen and alert in their minds and fertile in their schemes for annoying and exasperating you.

Unfailing kindness and courtesy must be continually sought for. The more troublesome the case, I repeat, the harder you will need to watch yourself, the more grace and forbearance and forgiveness you will need to summon. It isn't easy, but we are here to do the right thing, not the easy thing. Still, it is surprising how much easier it is for all concerned when we *do* do the right thing, and do

maintain this conscientious, sympathetic and helpful attitude toward our often troublesome charges.

Put yourselves in their places; think how we should feel, deprived of our liberty and believing that we were unjustly deprived; imagine how it would seem, for example, to be tortured all night long with the belief that some one was turning on electricity which was causing those pains in various parts of the body just to annoy us, or how we should feel if we heard ourselves reviled by the voice of some one we could not see, but who seldom ceased tormenting us in all our waking hours. These are only a few instances; your experience will suggest many others to you, and, diverse as they are, the pitiful part is the same in all cases—the patient suffers just as much as though the things which he believes are so were really so; to him they are so, and his conduct is the outcome of his mistaken perceptions and beliefs of his bodily and mental discomfort and of his warped and diseased mentality.

Accordingly, sympathy and not resentment, patience and not petty dictation, help and not punishment, are what we need to secure.

We get accustomed to the sight of suffering in the wards, not so much to physical suffering, perhaps, as to mental pain. Let us never grow hardened to it. Familiarity with suffering should make finer natures more sympathetic—less emotional toward it, but more ready with means of alleviating it.

We also get accustomed to unseemly conduct, to vile language and unclean thoughts, as well as unclean habits. It rests with us if these things shall brutalize and coarsen us, or make us even more careful that our own lives and thoughts

maintain an undeviating standard of wholesomeness and cleanliness. One of our poets, in speaking of a hospital nurse, has said:

"The gross and soiled she moves among,
Do not make her gross and soiled.

All departures from right behavior should make us bend our energies to bring the patients back, if possible, to self-respecting conduct. Do not be content to see them drift into still more deplorable states. Much can be done by tact and ingenuity and persistence to induce decency and orderliness.

Attendants are with the patients so much of the time that their power for good and evil is very great. Many a patient's restoration to sanity has been most largely due to the helpful offices of the nurse who has been on hand to stimulate interest, cheer loneliness, perhaps correct false beliefs—not by argument, but by making the truth obvious, and, in countless other ways, to lend a hand just in the nick of time. Let but the patient feel that you are his friend and your opportunities for good are almost incalculable; but once let him feel you have been unjust or unkind to him and it will take months of continuous friendly effort on your part to gain his confidence, if, indeed, you ever do in certain cases.

Tact and insight and your daily opportunities will indicate where you can apply help to each case. I can only hint at a few. An oversensitive patient will appreciate attempts to make things easy for him; a refined person will be appealed to by your taking pains to secure things or conditions that will contribute to his comfort and tastes; an officious busybody will often become one of your most efficient helpers if you will make him feel that you rely upon him for aid and even advice in certain lines; a quarrel-

some, cantankerous person is often won out of his mood by appealing to his sense of humor; a destructive one to his pride.

If your patients have bodily peculiarities and deformities, or conspicuous faults of mind and character, use delicacy in reporting these conditions or delinquencies. When necessary to report misconduct in their presence, seem to understate rather than overstate or even merely to state them—not from an attempt to deceive the physician, but in a spirit of forbearance and excuse, thus letting the patient feel that you are on his side, and report only because you must to the end that the physician may understand his difficulties and so, together, you may work out methods of helping him guard against a repetition in the future.

It is the duty of every attendant to report to his superior officer any instance of gross neglect or cruelty or abuse that comes to his notice. False notions of honor should never deter him from following this injunction. It is cowardly to permit things of this kind to go on and and not call them to the attention of the proper authorities. Manliness and womanliness demand this from you. If we permit one who is entrusted with the care of insane patients to bully them and we refrain from speaking in protest or from reporting the occurrence, we are virtually a party to the wrongdoing.

Remember that all the rules and requirements are primarily for the good of the patients, and in your attempts to obey the letter of hospital rules do not lose sight of the spirit of them also. Make sure that the comfort and well-being of the patient are secured and do not render him miserable in trying to conform to a certain standard of excellence in any given direction. For example, polished

floors free from unsightly marks and scratches are to be desired, as they add to the attractiveness of the wards, but if these have to be secured at the expense of the patient's peace of mind; if he is made to feel that the marks of his boot nails have brought down upon him the wrath of the nurse, then there is something to be ashamed of in having such unblemished floors. A tidy room, a smooth counterpane are desirable conditions as a rule, but if patients are made to keep their rooms on dress parade; if the bed is too good to be lain down on and we find the patient trying to get a nap by lying on the floor or on one of the hard hall benches, I say, a tidy room and a smooth bed are a disgrace to the institution. No need to multiply examples. Your care of the physical needs of the patient is, of course, a large part of your duty to him—systematic, close observation of his functions, habits, symptoms and accurate reports of the same. Hazy observations, half-hearted interest and vague, unsatisfactory and inaccurate records and reports are unworthy of you. Take pride in thoroughness and accuracy.

Greet your patients and associates with a cheery good morning; be considerate of the convenience of others in small matters as well as in great; show yourself willing, even at the cost of your own comfort, to lend a hand; be ready with the soft answer that turns away wrath and with the good humored remark that disarms ill-humor; refuse to listen to or to join in gossip; conceal your prejudices; beware of favoritism; conquer resentment and antipathies; cultivate a peace-making disposition; study when to speak and when to forbear, when to act and when to refrain from acting. In short, be your best selves.

(To be continued.)

Address to Spanish-American War Nurses*

HARRIET C. LOUNSBERY.

ONE more year has passed over our heads, and we find ourselves to-day, I think, stronger in many ways than we have been. Year by year we seem to grow closer to each other and the returned members, if here, will surely realize that their welcome is warm and sincere.

I must express my gratitude to the society for electing such good helpers as the treasurer and the two secretaries have been. The workings of the society have been full of pleasure to me, though my helpers have done the burden of the work, as their reports will show.

It has been suggested to me by a member, who is absent, that our society could collect among its members a very considerable amount of rare and interesting articles. That so many of our members have been to foreign lands and have brought home so many souvenirs, that, placed together as a collection, they might be accorded a corner in the National Museum, and from time to time additions might be made, and a very interesting collection result.

I find one suggestion in the address of my predecessor which shall be the inspiration of the few words I shall say to-day. In her address, read to us last year, I find this: "The president would advise the nurses to join the Red Cross Society."

At the time nurses were needed during the Civil War, willing women were put through a few weeks' training in city hospitals and rushed to the front, where they did noble work, but many lives were lost because no nurses were prepared

for the emergency. In the Spanish War, only through the most strenuous efforts of many workers were the proper nurses selected for the Government worthy to be trusted with the lives of her sons.

Now the reorganized Red Cross comes before us and says: "We want thoroughly competent women, educated as nurses, to give us their names, so that in time of war or national calamity we will not have to wait for education, for searching and for endorsements, but can, with the swiftness of the telegraph, instantly summon to our aid those who are competent, those upon whom we can rely." Those who have once gone forth will be doubly welcome. If home or professional duties forbid obeying a summons, no questions are asked, no one is forced to go, but the Government wishes to have at hand a list of such a number of women, nurses tried and true, that at any time enough for any emergency may be found. Is this not right? Is it not wise? Could we of this society do better than to say to our country, as we said once before, "Here we are, take us." The problem of the army nurse was, as you know, at the outbreak of the Spanish War, an unsolved one. Had we, who went down to help our country, been false to our trust, had we been a hindrance, as many expected us to be, instead of the power for good that we were proven to be, there would now be no army nurse and no Red Cross nurse, no navy nurse and no association such as we see here to-day. Now the Red Cross nurse is the logical outcome of the army nurse. If our country called us again

*President's address at opening of Convention at Atlantic City, September 20.

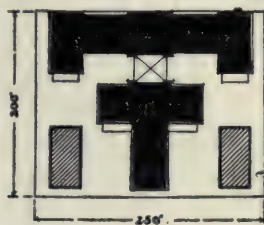
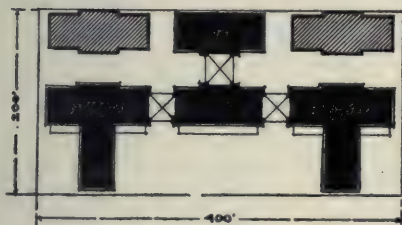
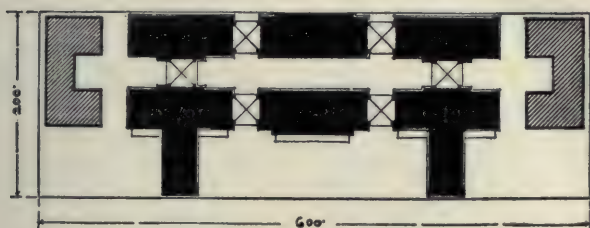
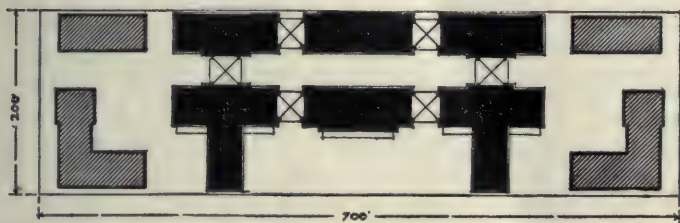
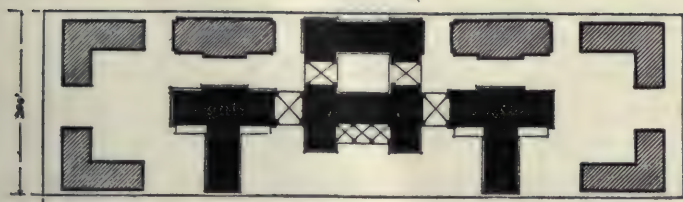
who is here that would want to stay at home; and the fact that our names were on the Red Cross lists as veterans would secure for us early calls, perhaps, not for the actual nursing that additional years may have rendered impossible, but for the many other positions that the gathering and sending of a large body makes indispensable. Can we not, as a body, send to the National Red Cross our hearty endorsement and in our several States enroll for work under the banner which we all reverence for the country we all love? I have been much gratified to notice that many of our members are on State committees; can we not all put ourselves once more in touch with the Government for whom we once worked so willingly?

Perhaps I have said enough. Yet so many avenues of usefulness seem opening to nurses I must go on, if your patience will permit.

In our work in the army we were pioneers. We did not wait for others, the moments were too precious, the men were too sick for us to hesitate. So now, when work calls us, we should not hesitate, because it is new or untried, but rather we should show by our courage in little trodden fields that the old brave spirit is still in us. The workers in the tuberculosis field are but few—the enemy is the most dreaded, the most deadly known to civilization. Yet with the researches of science it is possible to conquer. With light, cleanliness, patience and the teaching of hygiene this scourge can be eliminated. How many of us go down to this battlefield where not only men, but little children and frail women

hold out emaciated hands to us for succor and intelligent care? And so with other branches of work too numerous for me even to mention here. Missionary nursing, training of foreigners, the care of girls in city factories, the unimaginable diseases caused by immorality, the gospel of right living to be taught by nurses to patients, to mothers, to girls and to boys, who are, through ignorance, brought to such sickness and suffering as only nurses know. All this is more or less pioneer work. We have done pioneer work and succeeded in moving such a mighty machine as the U. S. Government. Could we not always have that as our inspiration and whenever there is a cry from any source for help, for the uplift of our fellows, for unusual work or effort there I would like to see a Spanish war nurse showing once more to a grateful people that she realized that in times of peace there are battlefields and wounded as truly as in times of war.

I am most proud to say that one of our members has gone to a far country and established training schools for nurses—three have gone to the missionary field in Turkey. One guides and guards about 1,800 factory girls in a Western town. One voluntarily gave up her life to prove that the yellow fever may be communicated by the mosquito. Several went forth and helped a sister country in time of war; one is head of the navy nurses' corps; many others there may be whose noble deeds have not come to my ears. I cannot but feel that it would be for the great good of our society if our past should be but the inspiration of our future.



TYPICAL BLOCK PLANS



DESIGNED BY DR. S. S. GOLDWATER
DRAWINGS BY COURTESY OF
MCKIM, MEAD AND WHITE

— HIGH BUILDINGS — LOW BUILDINGS —

A Plan for the Construction of Ward Buildings in Crowded Cities*

S. S. GOLDWATER, M. D.

Superintendent, Mount Sinai Hospital, N. Y., Consulting Supervisor of Construction to Bellevue Hospital, the Stamford Hospital, etc.

AN acceptable plan for the construction of ward buildings of many stories in crowded American cities has long been needed. Such a plan must satisfy the requirements of convenient administration, and must comply in all essentials with the demands of hygiene, even under the hard conditions of a restricted site and of possibly unfavorable surroundings. The ward plan which is the subject of this paper is presented as a contribution to the study of this problem.

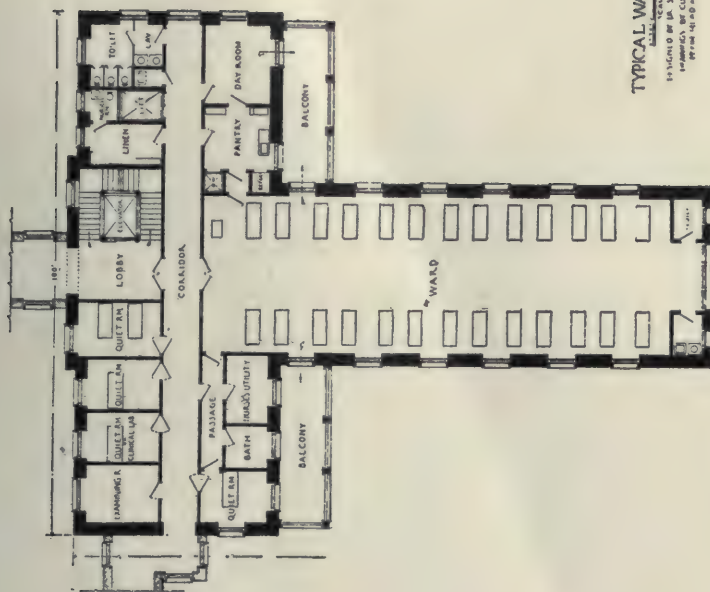
It is assumed that economic necessity compels us, and will compel us indefinitely, to continue to house a majority of hospital patients in large wards. Those who are opposed to large wards and who propose to provide for each patient the particular environment best suited to his condition and needs, are no doubt correct in theory. A private room with a porch and a garden; a private nurse on day duty and another on night duty; a skilled medical officer, not too much distracted with administrative duties or with the care of other patients—all these combined represent a kind of hospital organization which is greatly to be desired, because in the long run it would yield the best results in the treatment of patients acutely ill. But the folly of subdividing wards into single rooms, while there is a lack of means to increase substantially the number of nurses, has been demonstrated to the satisfaction of more

than one hospital superintendent, and to the serious discomfiture of patients in wards subdivided and understaffed.

Nevertheless the necessity of a partial classification of patients within the typical medical or surgical ward group must be recognized, even if a complete and perfect classification is at present unattainable; this necessity is recognized in the accompanying ward plan, as it is in all ward plans which provide, among the appendages, a lounging and dining room for convalescents, an airing balcony or balconies, and one or more "recovery," isolating, or "quiet" rooms. The problem in ward planning is to bring together all of these helps to good nursing and proper care, in such a manner as to facilitate their supervision by the limited number of nurses at present available, and at the same time to avoid hemming in the ward itself in such a way as to interfere materially with its supply of light and air.

A hundred or more writers in the last decade have reviewed the history of hospital planning and have presented and commented upon the ward plans of representative hospitals in Europe and America. I shall, therefore, take for granted a knowledge of these plans and shall merely say that none of them, in my opinion—meritorious as many of them are, and admirable as some of them must be acknowledged to be—can be utilized in a wholly satisfactory way for the con-

*A paper presented to the American Hospital Association, St. Louis, Mo.



struction of a hospital of any considerable capacity on such sites as offer themselves, for example, on the island of Manhattan, in the city of New York, where streets, running east and west, parallel each other at a distance of only 200 feet from north and south, and where most of these streets, from house-line to house-line, are only 60 feet in width. Within the limits of such a city block (and I confine myself to the rigorous demands of a typical Manhattan block, because while better sites, permitting greater freedom in planning, are often to be had in other cities, worse ones for the erection of a large general hospital cannot well be imagined), we are called upon to plan a hospital, the wards of which will be well lighted and surrounded by a suitable zone of aeration.

The modern hospital must be able to place its patients out of doors, whether in gardens or roof-wards or on loggias or balconies. Now since in crowded cities we cannot have gardens, and since roof-wards can only be utilized for a relatively small number of patients, the principal wards must have balconies; and these must be so placed as to be sun-warmed in winter, must be accessible for both bed-patients and convalescents, must lend themselves readily to constant supervision, and must be so arranged as neither to disfigure the building nor greatly to darken the wards. Besides this, the balconies must not be too close to the street.

It is essential also, on account of the rapidly increasing hospital needs of urban communities, that the ward plan shall be one which, if utilized at first for the construction of a four or five-story building, will permit us to superimpose new wards upon the old ones without detriment to the latter; and it is essential

so to locate our ward buildings with relation to the other buildings of the hospital group, that these other buildings, in their turn, may be increased in height and doubled in capacity, if necessary, without any signal alteration in the hygienic character of the wards.

This is not all that is required by the conditions of our problem. If the ward buildings, fronting south, can be so placed as to face a park or an open lot, well and good; but inasmuch as such sites are not always available, and since empty lots do not always remain unoccupied, our plan must be one which will not lose much of its virtue if open ground on the opposite or south side of the street is not available, or if such open ground, present at the time of the construction of the hospital, is subsequently covered with buildings.

A detailed comparison of the plan herewith presented with others suggested as suitable for the construction of many-storied hospital buildings in crowded cities, would lead to a discussion of many complicated problems, and would carry us beyond the prescribed limits of this paper. For the present, therefore, I must content myself with calling attention to some of the important characteristics of the present plan, the comparative value of which will no doubt be made plain in the subsequent discussion of its merits and defects.

The use of the T-shaped ward building enables us to construct a full-sized ward of thirty-one beds (five of which are in "separation" rooms) within a space extending only 120 feet from north to south, or a ward of twenty-six beds within a space extending 106 feet from north to south. If we leave to the north of this an air-zone of 30 feet in the one case, or 44 feet in the other, there will be avail-

able for administration and service buildings, 50 feet along the line of the street which forms the northerly margin of a block extending 200 feet from north to south. If the ward appendages and main service corridor were extended in the axis of the ward (as in the case of the typical pavilion hospitals of Germany and Great Britain), 150 to 170 feet would be required from north to south for the ward building alone, and the remainder of the 200-foot site would be of little or no use.

A study of the group plans shows that as much as sixty per cent of the total ground area of a site 200 by 200 feet, 200 by 350 feet, 200 by 500 feet, etc., may be occupied by buildings with satisfactory results.

The wards are well exposed on two long sides and one short side, east, west and south; the balconies or loggias are ample in capacity and have the decided advantage (in this climate, at least) of southern exposure. They do not to any appreciable extent darken the wards, and they are under the eye of the nurses in the ward; furthermore, they are so subdivided that convalescent patients may amuse themselves without restraint on one balcony, while very sick bed-patients are obtaining the benefits of fresh-air treatment, in undisturbed quiet, on the other. Each balcony is directly visible from one of the principal service rooms, namely, the pantry or the sink-room. The balconies are set back at a comfortable distance from the street.

The balcony, day-room, lavatories and water-closets designed for the use of convalescent patients are grouped about one end of the main corridor; the isolation of the very sick takes place at the opposite end of the corridor, convenient to the principal service rooms, and en-

tirely out of the range of observation of the convalescent patients and their friends.

The stairway and elevator lobby is isolated and yet occupies an especially favorable location, directly opposite the main entrance to the ward. Visitors approaching the ward do not pass through a long service corridor, but find their way immediately to their proper destination.

The principal corridor is arranged to serve as a true cross-ventilating corridor.

The horizontal arm of the "T," running east and west, can be lengthened, and the vertical arm shortened, if desired, for the purpose of increasing the number of separation rooms and of diminishing the number of patients in the open ward.

A special modification of the typical ward plan, to meet the altered requirements of a children's service, is included among the sketches submitted. Features of this plan are the observation windows permitting the control of the children's water-closets from the nurses' utility-room; the rooms for isolated cases or for babies and wet-nurses; the glass "boxes" for semi-isolation within the large ward; the larger bathroom, to accommodate bath tub and slab.

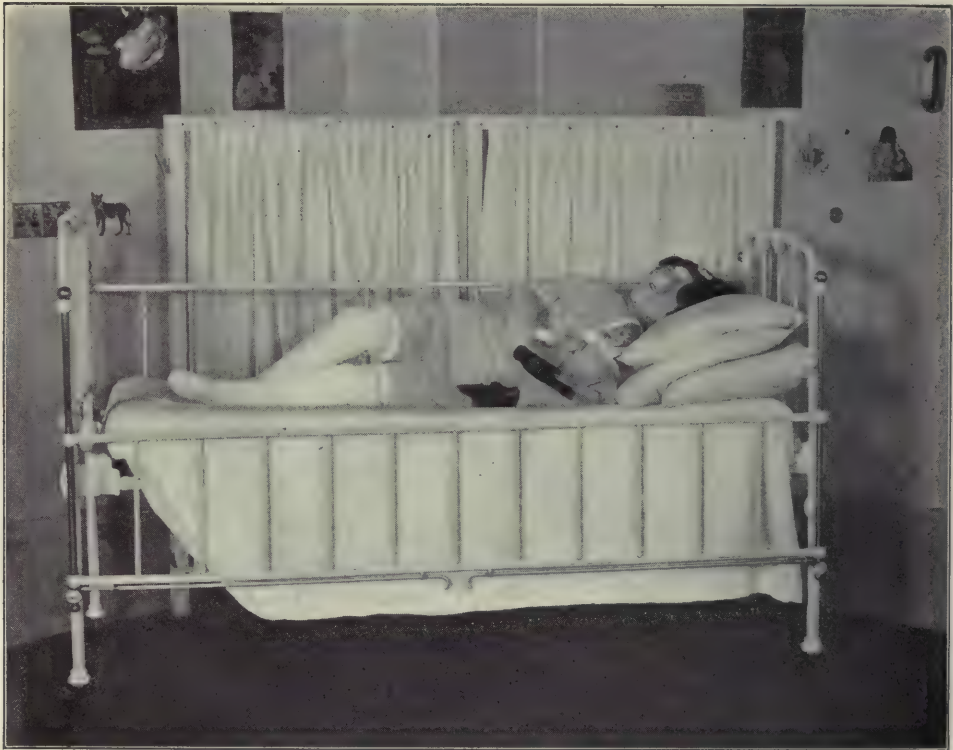
Bridges may be carried from the ward buildings to the north, east, or west, without detriment to the wards. In a group plan including two ward buildings, a bridge to the east or west would give convenient access to a central administration building. In a group plan including but one ward building, a bridge to the north would communicate with an administration building facing the northerly street; in a larger group plan, bridges to the north would communicate, according to the details of the general scheme, with

an administration building, kitchen and laundry building, pathological laboratory, operating pavilion, out-patient department, or with buildings used for any variety or combination of the purposes named.

In the larger and more complete group plans a separate out-patient building, not too high, would be placed at the southeast or southwest corner of the block and would be balanced by a private patients' pavilion at the opposite corner, leaving the ward buildings well exposed.

The essential feature of the scheme herewith presented, in which it differs from any published or applied ward plan known to the writer, is the combination of ward and balcony in a T-shaped plan which, under the common conditions of hospital construction in crowded cities, seems to offer advantages not otherwise attainable.

I am indebted to Messrs. McKim, Mead & White for kindly permitting me to have the accompanying drawings prepared in their office.



ADULT AND INFANT DOLL USED FOR NURSES' PRACTICAL CLASS WORK, FREDERICK FERRIS THOMPSON HOSPITAL, CANANDAIGUA, N. Y.

Dolls were made by taking undergarments, shirts and drawers, stockings and cotton gloves, and filling them with cotton and sand bags to make the necessary weight. Over the whole body was fitted a strong muslin cover, on which was applied four coats of shellac. An ordinary mask, also shellaced, covers the face, and real hair wig completes the head. Every joint is flexible. Hands covered with rubber gloves.

This doll has been used for bed changing, lifting and placing in all positions, has had hot and cold packs and baths, poultices and plasters for about one year, and has stood the wear and tear exceedingly well.

The Hospital Convention Exhibit

THE first exhibit of its kind in connection with the American Hospital Association started out under rather unfavorable conditions for lack of time. Seven weeks only were available for preparation, but in that time sufficient was achieved to show the splendidly interesting and valuable possibilities of this feature of the convention. The Washington University Hospital of St. Louis made the largest contribution. So practical and valuable were the exhibits from the obstetrical and surgical departments of this hospital and so many visitors were desirous of fuller detail regarding technique in those departments that arrangements have been made with Miss Menia Tye, Superintendent of the Training School, for a description of the manner in which several of the exhibits are used in the daily routine. This article will probably appear in the December number.

The nurse superintendents were especially interested in a collection of articles showing how that hospital prepares for emergency labor cases. The method of preparation will be fully described in Miss Tye's article.

An anesthetizing apparatus designed by Dr. J. Ross Clark was shown. This apparatus is said to have the following advantages: The anesthetizing agent is warmed, there is no rebreathing, accurate dosage and even mixture of air and gas is provided for, the anesthetist has his hands free to care for the patient, only a small part of the patient's face is covered, permitting cyanosis to be detected in its onset.

The method of preparing Dr. Crossen's gauze-strip sponges for abdominal sec-

tion with a view to eliminating the possibility of any gauze being left in the abdomen was shown. This method was fully described and illustrated in an article by Dr. Crossen in the January (1910) number of *THE TRAINED NURSE*.

A hypodermoclysis outfit which the Washington University Hospital has made to order was also shown. A catheterization tray showing the routine arrangements for catheterization was another interesting thing, of which a fuller description will be given later. In addition there were novel electrical appliances, specimens of bandages, new drainage material and various other articles connected with the surgical department—the whole forming a splendidly practical contribution for the benefit of the convention visitors.

St. Luke's Hospital contributed specimens of invalid solitaire boards which they have found useful, home-made floating labels and a record holder.

In the Jewish Hospital (St. Louis) exhibit the feature that attracted most attention was an eye-tray designed by Dr. Wiener and made to order. It was of white enamel with depressions for a row of small bottles containing such drugs and other articles as are ordinarily used in eye operations, treatments and dressings, the whole making a most convenient and inexpensive outfit for ophthalmic treatments. Many of the visiting superintendents there on seeing it announced their intention of having one like it for their own institution.

Dr. Hornsby, of Michael Reese Hospital, Chicago, contributed a child's bed designed by himself. The spring mattress can be raised and lowered, and an auto-

matic lock which holds the spring at any point desired prevents any possibility of accident from the unexpected dropping of the springs.

Buffalo General Hospital sent a model of a ward partition which they are using with great satisfaction, a new form of castor and specimens of ward dressings prepared so as to lessen the quantity of gauze used by 33 1-3 per cent.

The U. S. Navy Department sent an exhibit of plans of a new naval hospital under construction which embodies some interesting and rather new features in construction and a photographic exhibit of naval hospital appliances and methods.

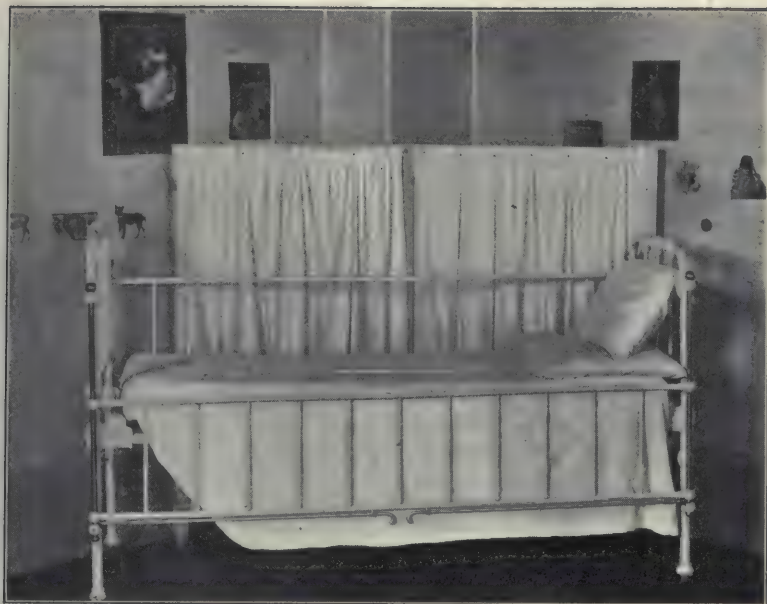
One of the most attractive features in the exhibit was sent from the New York State Hospital for Crippled Children, West Haverstraw, N. Y. It was a model of a shack used in outdoor treatment of children afflicted with tuberculous diseases of joints and various deformities. In the shack were six beds, and on six patients (in miniature) there were demonstrated something of the newer methods of dealing with different classes of diseases and deformities. The whole outfit was most complete and showed that much effort and thought had been used in its arrangements.

The New England Baptist Hospital contributed a model of the tents used in their out-door ward, with furnishings complete, even to the telephone beside the patient's bed. Just outside this model tent, with its model furnishings, was a model nurse, who stood attentively on duty attired in a very practical sort of rainy-day uniform. The nurse and the tent received enough attention and admiration for the common sense planning which they represented to make the superintendent vain, if she were not proof against any such emotion as vanity.



ADULT AND INFANT DOLL USED FOR
NURSES' PRACTICAL CLASS WORK.

Part of the photographic exhibit of the Hospital Convention.



ADULT CRIB BED FOR TYPHOID PATIENTS (OPEN).



ADULT CRIB BED FOR TYPHOID PATIENTS (CLOSED).

This adult crib bed was designed for mildly delirious patients, to do away with the necessity for rest sheets or tying in bed. The bed is an ordinary strong iron bed, of hospital size and height, but provided with sliding sides, which can be held at any desirable height. The sliding control, however, being placed underneath where the patient cannot easily reach it. This bed has been used for a couple of years with entire satisfaction for typhoid and other irresponsible patients. The Hospital Supply Company, New York, made these beds from our suggestions.

Bronson Hospital, Kalamazoo, contributed a curette sheet which may also be used for obstetrical delivery. A surgical soap container, designed by Dr. Balch, of that hospital which, when fixed above the stationary wash-bowl, furnishes soap on pressure of a rubber bulb with the foot, is worthy of special mention. This useful little invention can be made at home by any hospital at very small cost. An inexpensive home-made bed-pan rack, which can be used for either the slipper or the "perfection" bed-pans, was also shown.

An exhibit of the cartoons used in Buffalo, Troy and other places raising money for hospitals quickly and in large amounts, proved interesting to many of the workers. It was sent by Mr. G. W. Johnson, of Buffalo, who conceived the plan and has successfully carried it out in different places.

In the photographic exhibit two or

three features are worthy of special mention. Mr. Mark Pendergrass, of Salt Lake City, illustrated by photograph their method of handling typhoid fever cases in tents. (See photos and description elsewhere in this number.)

Miss E. K. Kraemer, of the Frederick Ferris Thompson Hospital, Canandaigua, N. Y., sent photographs of a bed designed by herself for use in managing mildly delirious patients; also of an adult and an infant doll made by herself, coated with shellac, which she has found exceedingly useful in giving practical demonstrations of baths, poultices, etc., in teaching nurses.

The whole exhibit was so practical and interesting that promises of contributions for next year were numerous. It is predicted that an exhibit hall as large as the convention hall will be needed to care for the exhibit at the convention in New York next year.

The Passing of the Cradle

And now they tell us that it is no longer right to put babies to sleep in cradles. The new hygiene says that rocking babies is unhealthy. They should be laid down in stationary beds, with pasteurized pillows and steril-

ized sheets. The hand that has heretofore ruled the world will have to do it in the future by some other means than by rocking the cradle. The lullaby of the future may run something like this:

Sleep, little one, sleep,
Safe in your germ-proof bed;
Mother her watch will keep
Over your slumbering head.
Naughty bacilli you need not fear,
Bugaboo microbes will come not near.
Mother will chase all these away,
Sleep, little one, till the break of day.
—From *The Chicago Tribune*.

Lessons in Chemistry for Nurses

MINNIE GOODNOW.

Superintendent Bronson Hospital, Kalamazoo, Mich.

LESSON IV.

ACIDS are compounds of hydrogen and non-metallic elements. Some of them, however, contain a metal and many have oxygen in addition. They have a sour taste and turn blue litmus red. (Litmus is a vegetable extract obtained from a species of lichen.)

The three most common acids are sulphuric, nitric and hydrochloric. Their formulæ are as follows:

Nitric acid..... HNO_3

Sulphuric acid..... H_2SO_4

Hydrochloric acid..... HCl

(Carbolic and carbonic acids are not true acids, though called by that name.)

Nomenclature. There may be two acids containing the same elements, but in differing proportions. In this case the name of the one having the least oxygen ends in *ous*, the other in *ic*. For example, H_2SO_4 is sulphuric acid, H_2SO_3 sulphurous. HNO_3 is nitric acid, HNO_2 nitrous. Their compounds are named in a similar way: Calomel is mercurous chloride, corrosive sublimate is mercuric chloride.

Bases are compounds of oxygen, hydrogen and a metal. They have an acrid taste and turn red litmus blue. A base which is readily soluble in water is called an *alkali*.

An *alkaline reaction* is the turning of red litmus blue.

An *acid reaction* is the turning of blue litmus red.

It will be seen from this that acids and bases, or acids and alkalies, have opposite characteristics.

A substance is said to have a *neutral* reaction when it is neither acid nor alkaline, i. e., does not affect either red or blue litmus. This may be illustrated as follows:

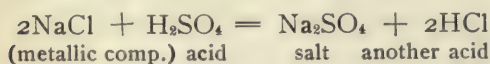
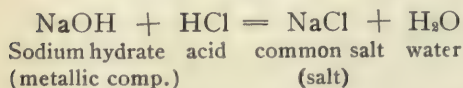
Put a small amount of dilute caustic soda (a strong alkali) into a dish. Add to it hydrochloric acid drop by drop, stirring with a glass rod. Test frequently with litmus paper, both red and blue. If the acid is put in carefully we can obtain a solution which will change the color of neither kind of litmus and is therefore neutral.

(The reaction is $\text{NaOH} + \text{HNO}_3 = \text{NaNO}_3 + \text{H}_2\text{O}$.)

Alkaloids are plant bases. They are complex compounds containing nitrogen and carbon, and having qualities very like bases or alkalies. They are the "active principles" of the plants from which they are obtained. A plant may produce more than one alkaloid; for example, morphine, codeine and heroin are all alkaloids of opium. Alkaloids are usually violent poisons, and when used medicinally are given in very small doses. (See lesson X.)

Salts are compounds produced by completely or partly replacing the hydrogen of an acid with a metal. They may be made by combining a base and an

acid. The following equations illustrate how the reactions occur :



(The English words *salt* and *salts* have three different meanings, which should be clearly distinguished. Common *salt* is familiar. A chemical *salt* is a compound formed as stated above. "*Salts*" is the name given to various drugs having a purgative action, usually salts of sodium.)

Nomenclature. The names given to the various salts correspond to those of the acids from which they are derived. Acids whose names end in *ic* form salts ending in *ate*. Those with names ending in *ous* form salts ending in *ite*. Thus KNO_3 is potassium nitrate, KNO_2 potassium nitrite.

Double salts are those in which two metals replace the hydrogen of an acid. Rochelle salts is an example of this, its chemical name being sodium and potassium tartrate

Crystallization. Most salts occur in the form of crystals. Why certain substances take this form is a matter not well understood. It happens whether the salt is a natural or an artificial product.

As a rule, each substance has one particular shape of crystal which it always assumes. They are large or small, according to circumstances.

The following experiments illustrate the formation of crystals :

Make a hot saturated solution of sal soda. Cool it and note the crystals which are formed. Do the same with a hot solution of alum. Note the different

shapes of crystal which each solution gives.

Mix powdered alum and powdered copper sulphate, and make a hot saturated solution of the mixture. When this is allowed to cool two kinds of crystals, blue and white, of two different shapes, are formed. This experiment shows us how natural crystals of pure substances are formed; advantage is also taken of this when we wish to obtain a pure salt from a mixed solution.

(These experiments take considerable time, and 24 or 48 hours should be allowed for them.)

Nearly all crystals are formed in exactly this way, by the evaporation of a solution either by natural or artificial means. Often in the process water is added to the elements forming the crystalline compound, not making a chemical combination, but simply a physical addition. This is called "water of crystallization," and is easily removed without disturbing the chemical compound.

Place a few large crystals of copper sulphate on a piece of tin and hold it over a flame. The water of crystallization evaporates and a pale blue, almost white, powder remains. This is still copper sulphate, and the color may be restored by adding a little water. The same "efflorescence" takes place slowly if the substance is left exposed to the air.

The opposite occurs in other crystals. Instead of giving up water to the air they take it in from the air, and literally dissolve themselves. If a small amount of potassium acetate in crystals is placed on a bit of paper and left open it will in a comparatively short time begin to soften and will presently become a liquid. Substances which do this are called *hygroscopic* or *deliquescent*, and should always be kept in air-tight bottles carefully corked.

The Nurse's Wardrobe

ANNE A. WILLIAMSON,
Superintendent of Nurses, California Hospital.

"The apparel oft proclaims the man."

WHAT a nurse may wear seems at times to interest the lay mind as well as other things regarding her mode of life.

A very accommodating public has always been ready to arrange the affairs of the nursing world, and it will gladly attend to this matter forgetting that because a woman devotes her life to the care of the sick and unfortunate it is not a good and sufficient reason that she must confine herself to a few styles of wearing apparel, crushing out all her natural delight in pretty clothes.

Doubtless the idea originated from the fact that the first nursing was done by sisters who wore their habits, nor were they allowed any other garments.

The lay public calls loudly for the uniform on all occasions, even suggesting that a street costume be designed, adopted and prescribed by law for all nurses, these uniforms to be worn on all occasions so that a nurse need never be lost to sight and must carry the unmistakable signs of her profession constantly with her.

Just what the penalty for not conforming to this ordinance shall be has not been fixed upon yet, but no doubt that point will be settled later, and just what the consequences might be should a nurse escape in citizen's clothes and proceed to enjoy herself with her kind has never been determined.

No one has ever ventured to design a costume for doctors or teachers, each being allowed to exercise his or her own

taste in the matter with no comment from the outside world. Why may nurses not have the same privilege?

While the nurses' uniform appeals to the romantic mind, and while those blue dresses, white kerchiefs and jaunty caps are very restful and appropriate for the work, no woman in this free country should be compelled to wear them constantly if she does not care to do so.

The feminine mind tires of simplicity and straight lines, and while she may gladly accept the uniform in the same spirit that the business woman does the tailor-made dress, when the day's work is done her tastes lie in other directions.

On being accepted into the training school the probationer appears in uniform for the first time, and never again during her career as a nurse will she feel prouder or better dressed than on that first day.

Usually she has her photograph taken at once so that she can always preserve on paper the reproduction of that first uniform.

Then comes the temptation to wear the uniform on all occasions. It is so easy to do errands near the hospital without changing one's dress, or such a saving of time to put on a long coat and take the car downtown without the effort of making oneself more presentable, and possibly there may be that pardonable pride in the uniform and a desire that others may see it.

Dear girls this is all wrong. Your uniforms may be very neat and pretty and

very becoming, but they are your working dresses and should not be worn in public any more than the kitchen aprons the careful housewife always provides for her work, for you must bear in mind that a woman of fine feelings will not make herself conspicuous at any time by her dress.

Looking at the matter from a hygienic point of view a uniform worn on the street and exposed to the dust and dirt of a large city is not fit for the sick room.

In the hospital nurses do not lay aside their uniforms as readily as they should. In so many training schools it has become a habit for the entire school, from the superintendent down, to attend the entertainments in uniform and some of them go further than this, and grace even the *alumnæ* meetings and entertainments in uniform.

Laziness is the first excuse, too tired to change, some say, when in reality too indolent is the real reason, for a change from the working clothes to those associated with happier hours is a recreation in itself.

Some nurses feel that an evening dress is an unnecessary luxury, but when we consider an organdy that may be purchased for fifteen cents a yard and made by the girl herself, will give the wearer just as much pleasure as a creation from Paris, we feel that a simple evening dress is within the reach of all.

Nurses are apt to be careless about their uniforms, some not seeming to realize that they are not pretty or attractive unless perfectly fresh. A soiled or stained apron is very annoying to a patient, while a dress without buttons or one that is ragged or patched destroys the idea of trimness we always associate with the nurse.

In connection with the uniform be care-

ful about the underskirts, for nothing can detract from the freshness or beauty of any dress as a soiled or untidy underskirt.

If the dresses are colored white skirts are not imperative when the laundry bills must be considered, but they should be made of material that can be washed and starched. Never wear a silk petticoat or a cotton one that cannot pass through the laundry as often as the uniform itself.

It seems hardly necessary to add that white underskirts should always be worn with white dresses, but I have seen nurses put on fresh white dresses over dirty black or colored skirts and wonder why they do not present a well-dressed appearance.

Be careful of your shoes; do not think any old shoe will do with the uniform. Fancy shoes that have seen better days are entirely out of place on duty. Shoes should be comfortably plain and have rubber heels, and above all not squeak. So many houses now have hard wood floors and the tap of the nurse's heels is very annoying to the nervous patient, to say nothing of the careful housekeeper's distress for fear her floors are being ruined by possible unprotected nails.

Granted that the uniform is only for use in the sick room we come to one of the most important parts of the question—what to wear after graduation.

The majority of graduate nurses find that white is more satisfactory than the regular hospital uniform. It is more acceptable to both the patient and the family, especially if the nurse must come in contact with the household. Personally, I prefer white, but I always keep a few gingham dresses for night duty, as I find the colored dresses more acceptable to the patient during the dark hours.

Then there is the question of caps; aside from sentiment there is no more need of a nurse wearing a cap than a doctor. It is very becoming, but it has no actual use and may be omitted without injury to the patient. A great many patients object to a cap, and a nurse should be tactful enough to notice this and dispense with one when she knows it is undesired.

Uniforms in a hotel, of course, are tabooed, a white one is permissible in the patient's room, but do not wear it to dinner, for a white uniform or even a plain white dress at dinner would be equivalent to going down in cap and apron as far as identification with the profession is concerned.

The management of every large hotel strongly objects to a nurse being thrust upon its guests, so if you go to dinner and have no suitable dress wear your street dress and all will be well.

Besides her uniforms each graduate nurse must provide herself with suitable clothing for the night. She must have a pair of bedroom slippers that will not come off at every step and a comfortable wrapper or dressing gown. Kimonos are not fit for the sick room, especially if the patient be a man. The dressing gown should be made of some dark warm material, should have sleeves that cover the arms and a belt. Dressed in this manner a nurse may go anywhere about the house that may be necessary.

Should you nurse in a country where the climate is changeable provide yourself with a long-sleeved undervest to wear under the uniform when cold, thus

doing away with the necessity of wearing a shawl.

During the long convalescence when a nurse is retained for ornamental purposes only it is well to wear one's white uniforms during the morning or the greater part of the day, dressing for dinner if such be the custom of the family.

If your patient has been ill a long time she will enjoy seeing you in some other dress. Of course, if you drive or walk with her the change must be made earlier in the day.

White uniforms are made of all kinds of material, but the most satisfactory ones are those made of linen sheeting, and if you get the coarse quality it will not wrinkle.

Dresses made in one piece are most convenient and less expensive to launder, and if a permanent collar is used with a detachable turnover collar a great deal of wear will be avoided around the neck. Detachable buttons are better than permanent ones, as pearl buttons do not wash and boil very well.

Above all, bear in mind that the same rule applies with uniforms as with other dresses, that the plainer the dress the more carefully must it be made.

Almost any dressmaker can make a dress where ruffles and other trimming may be used to hide deficiencies in workmanship, but the dress with the severe lines must be designed and executed by an artist, or the result looked for will be marred and irregularities will destroy the effect desired, namely, "sweet simplicity."

Tent Wards for Typhoid Fever Patients at St. Mark's Hospital, Salt Lake City

THERE have been so many objections raised against handling typhoid fever cases in hospital wards, with the possibility at all times of the infection spreading to the other parts of the hospital, that St. Mark's Hospital of Salt Lake City is now experimenting with an outdoor treatment for these cases.

In order to give the plan a fair test everything has been made as complete as possible. The tents are made of heavy canvas, both ends of which are a frame work of wooden construction, covered with wire screen, insuring freedom from flies. The sides are carefully tacked to 2x4 inch plates laid along the floor. The flaps at each end of the tent are open to the top, giving perfect circulation of pure air and are so arranged that they may be drawn down and fastened during cold, windy or stormy weather or during the period when baths are being given.

A double ridge pole is used so the tent fly is held about 6 to 8 inches from the roof of the tent, thus allowing ample air circulation between the roof of the tent and the fly, affording protection from the heat of the sun during the day.

The floor and all frame work above it are so constructed that all may be taken down and stored when not in use.

It will be observed that three tents are used—two for wards and one for the use of nurses. Each of the ward tents will accommodate ten patients. The nurses' tent is divided into compartments and contains rooms for toilet and bed accessories, sterilizers, electrical heaters and general equipment necessary to prompt and efficient care.

All tents are equipped with electric lighting and heating, cooking equipment, etc.

The slop sinks in each tent are set flush with the floor so that the portable tub may be emptied directly into the sewer.

A portable tub of special device has been constructed for use in these tents. The tub itself is of heavy galvanized iron, 7x28 and 14 inches deep. This is supported on a frame work of hollow tubing, the whole being light yet strong.

One special feature is a sterilizer for treating not only all excremental refuse, but also the vessels used, thus preventing contaminations of even the sewer.

Practical Points

The fan bath or air bath is a useful method in dealing with persistently high temperatures in typhoid fever. The method ordinarily used is to apply the cold, wet sheet pack and set in motion close to the patient, an electric fan. Evaporation is rapid under such measures, and the general results are excellent.

One of the best things as a cure for constipation in the aged and little children, is a baked banana taken before breakfast in the morning. Take a ripe banana and slit the skin down, then put on a plate in the oven, bake until quite soft, turn it out of the skin and eat while warm; some people like a little sugar on it.



TENTS FOR TYPHOID FEVER PATIENTS, ST. MARK'S HOSPITAL, SALT LAKE CITY.



TENT SCENE, ST. MARK'S HOSPITAL, SALT LAKE CITY.

To Catheterize a Female Patient

STANDING ORDERS, WASHINGTON UNIVERSITY HOSPITAL, ST. LOUIS.

1. Boil for five minutes two catheters, one glass and one rubber together with eight cotton balls and one piece of gauze in one pint of water in the catheter basin.

2. Leave the catheters, cotton balls and gauze in the water in which they have been boiled and place the basin in the tray.

3. Besides the basin have on the tray one pus basin for urine, two small basins, one to contain 1-3000 bi-chloride, the other to receive soiled cotton balls; also have a bottle of sterile glycerine to be used as a lubricant when necessary.

4. Screen the bed, take into the room the tray and three blankets.

5. Flex the knees and cover each leg with a blanket, use the third blanket to protect the chest.

6. Place the pus basin to the buttocks to catch the urine and the empty basin close below it for soiled cotton balls. Remove the stopper from the glycerine bottle, also the lid from the catheter basin.

7. Scrub your hands in the wash-up room, using soap and brush for two minutes, then soak for one minute in the Bich. sol. 1-3000, which you have prepared for that purpose by the bedside.

8. Take your place on the right hand side of the bed. Wipe off the vulva with a boiled cotton ball, then with the thumb and first finger of the left hand separate the labia and cleanse thoroughly, always making a downward stroke.

9. Do not use a cotton ball twice.

10. Place a cotton ball at the vaginal orifice.

11. Without removing the left hand rinse the right hand in the Bich. sol.

12. Pick up the catheter, but do not touch it within $3\frac{1}{2}$ inches of the eye opening.

13. Insert the eye of the catheter into the meatus, using no force, very slowly and carefully, until the urine begins to flow. Should the urine cease flowing before a reasonable amount has escaped insert the catheter a little further.

14. Should the catheter by accident come in contact with anything before reaching the meatus reboil it and wash up again.

15. Should a catheter specimen be ordered boil the specimen bottle with the catheter, place the end of the catheter in the bottle to catch the urine. Should a glass or metal catheter be used attach a piece of rubber tubing to the catheter.

16. In withdrawing a rubber catheter pinch it to prevent the escape of its contents. If a glass or metal catheter is used prevent the escape of its contents while withdrawing it by placing a finger firmly over the end of it.

17. After removing the catheter place it in the basin with the soiled balls.

18. Before removing the left hand remove the cotton at the vaginal orifice and then cleanse the parts thoroughly.

19. Apply the vulva pad and the binder.

20. Remove the basins and put them on the tray; cover the patient, removing the screen, the blankets and tray as quickly and quietly as possible. Wash and boil the catheter and dry it before putting it away.

Temperature Charts and Bedside Notes

IONA G. WILKINS.

NOTHING is more characteristic of a nurse than her manner of keeping bedside notes and temperature charts, and if instead of legible, well-expressed notes and tidy, accurate charts, a physician is forced to wade through ink-stained, incoherent statements or trace the course of a temperature on a chart disfigured with erasures and blots, no one will blame him if the nurse responsible for such conditions is not asked to work for him a second time.

Bedside notes act as day to day records of prescribed treatments, medicinal, dietary, etc., and should at the same time contain full information of everything that has any bearing on the case.

There are many varieties of bedside notes, but the best, I think, are those which have ruled spaces for time, temperature, pulse, respiration, urine, stools, medication, nourishment and treatments, and a wide margin at the right hand side for remarks, with a space at the top of the sheet for the patient's name and address and the date.

Some nurses write the doctor's orders at the top of the sheet, but it is a much better plan to have a small book for that purpose, and ask the doctor to write his orders therein, or if you write them at his dictation, have him read and sign them.

Needless to say, all medicines, nourishment and treatments should be promptly charted at the hour when they are given. When there is less than an hour's interval between dosage (say an order for calomel gr. ss. in 1-10 gr. every fifteen minutes), space and time will be

saved if it is recorded this way in the medicine column:

MEDICATION

Calomel, gr. $\frac{1}{6}$

C 3-3.15-3.30-3.45-4.00

Space may also be saved, and a clearer relation established between treatments and their effects if they are noted in this way:

TREATMENT

Hot pack 20 minutes (perspired very freely)
Normal saline O_T per enema.

{ Retained $\frac{1}{2}$ hr.
Expelled clear $\frac{1}{2}$
Small amount of flatus }

There at a glance can be seen the treatments given and the results, without having to forage for knowledge in the column of remarks. Right here is a good time to talk a little about the "remarks." They should contain the maximum amount of information in the minimum number of words. Everything possible should be brought to a mathematical base. I know a nurse who once wrote in a report, "Patient vomited quantity of dark brown fluid." "Miss A.," said the doctor, "how much is a quantity—eight ounces or a hog's head?"

Doctors are all *Gradgrinds*—they are looking for facts, and indefinite statements and generalizations have no place in their scheme of things. I read a night report recently which had the following lucid remark: "Slept fairly well—complained of pain in right side toward morning." Now, "fairly well" might mean three hours to me and five to someone else, and after much questioning I elicited the following: "The patient

slept at intervals from 9 to 2 A. M.—total amount of sleep about three and a half hours—woke with shooting pain in left intercostal region, which lasted half an hour.”

When anything of unusual significance occurs underscore your note of it in red ink, so that the doctor's attention will be called to it at once, while it will not be necessary to discuss it too freely in the patient's hearing.

At the end of each twenty-four hours a summary of medication, nourishments, treatments, urine, stools, together with the highest and lowest temperature, pulse and respiration should be made. This is invaluable as a comparison from day to day, and should never be omitted.

If your writing is not easily read it is a good idea to adopt the plan in vogue at some training schools—that of printing instead of writing your entries. It doesn't take any more time when one is accustomed to it, occupies less space and is, of course, much more easily read.

While the bedside notes furnish detailed data of a case, the temperature chart, being a record of the three most vital symptoms, is of primary importance. It should be neatly kept, if ruled in black temperature dots should be made in red ink and with the connecting lines in black. Always rule heavily the lines used to divide the twenty-four-hour spaces, so that the division into days may be easily seen.

Drop temperatures produced by sponge baths, packs, etc., should be traced in red ink below the original temperature, and a note of the treatment written above it. Antipyretics should also be recorded on the chart; also any marked change in diet—in fact, any treatment or occurrence that would have an effect on a temperature either way.

If the physician does not wish to keep them, notes and temperature records should be either safely filed away or destroyed by the nurse who has had charge of the case.

The Call of the Woods.

When you are tired ministering to the many wants of the sick, and things seem to go all wrong, take a day “off,” and go to the country where nature is all harmony and unison, and there let your body relax and your soul expand and rest; often the spirit as well as the body requires rest.

The green mountains will speak their message, the waterfall its music, listen to its rhythm; flowers invite your admiration and give you in return their sweetest perfume; the sky above is clear and restful.

Nature is all giving, for the scent of young growing things, the gentle rustling of the leaves, songs of birds, all is soothing to tired nerves. To a nurse it is the frequent contact with irritating, and often uncongenial, forces, which consumes the vitality, and leaves us, as we say, “limp” and nervous.

Nurses, I think more than any one else, require this nature diversion, as our work keeps us confined very much indoors. Try this outing sometime and see the effect.

MYRA ISOBEL STEVENS.

The Diet Kitchen

The Need of Careful Selection and Preservation of Food-Products to be Used for the Sick

MARY H. TUFTS.

(Continued from October.)

ON another case in the country, where I was, by the doctor's order, feeding a very sick patient largely on milk prepared in varied ways, my suspicions were aroused in regard to the milk (which was bought of a milk-man) because it had a peculiar, slightly pungent odor, and on standing some hours would separate into cream and a bluish, watery fluid that did not look like ordinary skim-milk. The flavor was peculiar, but indescribable. I complained to the man who brought it, and he was most indignant, though I explained as tactfully as I could that I feared his cows were getting some kind of feed that had affected the milk. For a few days after my complaint the milk was O. K. in flavor and appearance, then began to look and taste as before. About this time my patient complained much about a burning sensation and pain in stomach and bowels. I had told the attending doctor about the milk, and now told him that I wished he would ask the family to get milk at another place, which he did. And he took a sample of the suspected milk to a chemist, who found that it contained quite a large amount of formaldehyde, which had been evidently used for a preservative. The person selling this doctored milk was fined, and my poor patient fortunately

suffered no permanent effects from the formaldehyde.

It is no uncommon thing for the milk supply on farms to be so badly tainted with barn odors as to be positively disgusting as food. When I am nursing in private families I make it a point to inspect the outbuildings and the sources of water and milk supplies, and to inquire into the way the milk is cared for and handled in transit from producer to consumer.

If the patient is a child suffering from any intestinal trouble, it is important to know what breed of cow produces the milk you use, how long she has been in milk, and what kind of feed she receives.

A Durham, Holstein or Hereford cow, pasture-fed in Summer, and fed on well-cured hay and a little mixed grain in the Fall season, and an animal that has not been long in milk, produces milk that best agrees with sick persons in general, and infants and young children suffering from intestinal troubles, especially.

Choose a cow that seems healthy in every way; do not permit the milk to be used for invalids from a cow that has any lameness, cough, loss of appetite, fever, skin eruption or other evidences of illness.

Generally speaking, tuberculosis and

garget are the two diseases that most frequently affect the cow. And early symptoms of these diseases often escape the notice of those who care for the animals.

Pure water in abundance should be supplied to the animals, and they should be kept in a clean, well ventilated stable and allowed plenty of sunlight and exercise.

By experiments and chemical tests it has been proven that fright or harsh treatment of milch cows alters the character of milk so as to make it an undesirable food for children.

Cows from which milk is procured for the sick should not be fed on vegetables, hay that contains strong-smelling weeds or is mouldy or poorly cured, or on fermenting corncocks or silo feed. And in the Fall season, when vegetation is dying in the pastures, or is frost bitten, the cow from which milk is to be used for the sick should be fed in the stable as directed above.

Some years ago I was at a prosperous farmer's home, nursing a desperately sick case of enterocolitis. I asked about the cows they were milking, explained about the necessary care, feeding, breed of cow, etc., necessary to produce milk that would be best for the child. The child's grandfather said that there was one nice Durham cow in the herd that was quite new in milk, and as I asked to have the cow stable-fed he did so, and also saved the milk separately in utensils that I cared for. This cow had never been observed specially as to her milk, but had been milked into a pail containing the milk from several others.

This may explain why the old gentleman had not noticed the bad condition of the milk. When I strained the first milking I found both ropy masses and tiny blood clots in the milk, and, of course,

did not use any of it, and planned to select my cow myself next time. The grandfather said that all he had noticed out of the way about the cow was a little lameness, but that she ate all right, was in good flesh and gave a good mess of milk, so he had concluded that she must have wrenched her hip in the pasture. He seemed unwilling to admit that the cow might be diseased in some way. But I went to the barn with him to select the new cow, and incidentally to look at the one that produced the bad milk. Imagine my surprise and disgust to find an animal that was so lame that she could scarcely touch her toes to the floor; that was not in very good flesh and had a number of lumpy swellings and areas of infiltration in the udder. To make a long story short, a veterinarian found the cow to be badly affected with garget.

Now, how people can be so unthinking and careless puzzles me; but these are fair samples to prove what I said about not being able to get as pure milk in the country sometimes as can be procured at milk stations in the cities.

Left to his own devices in regard to care of milch cows and milk, the average farmer will not use the care necessary to secure really pure milk. He scoffs at the germ theories, and what he is pleased to term "cranky, fool notions" in regard to cleanliness.

It would be clear gain to every country town to pay a suitable salary to some good veterinarian to act as milk inspector. It is vain folly to imagine for a minute that milkmen in the cities are the only ones who adulterate or dilute milk.

In the country many so-called "cooley creamers" are used to set milk in. These consist of a large tank to hold the cold water in which are submerged the cans that hold the milk. These tanks are most

often kept in the stable or in a shed attached to it. In this case the cans are uncovered, and the milk strained into them there amid unclean surroundings, and it not infrequently happens that the cans into which the new milk is to be strained are left with covers off, waiting (handily) for their contents. About four years ago I happened into the barn of a man who sells cream and milk. Three "cooley-creamer" cans stood uncovered in the tie-up behind the cows, ready to receive the new milk as fast as the pail into which he was milking, should be filled. A cheese-cloth strainer hung on a rusty nail just outside the tie-up, and while I stood watching, Mr. Milkman took the strainer from its peg and strained the milk into the cans; then the strainer-cloth was hung again upon the peg, dripping with milk, and was soon covered with a swarm of hungry flies. Delicious (?) country milk, thought I. And I assure you that I have never since used any milk coming from that place for my patients, or for myself either.

Another source of contamination of milk comes from the unclean milk utensils. These "cooley-creamer" cans often receive no washing except a rinsing in cold water. It is a wonder to me that more persons drinking "country" milk don't get poisoned from ptomaines.

In the Winter time, the cows in the average farmer's barn look as if they were walking manure-heaps from the dried manure clinging to their flanks. And if the cow's udder is wet from feces or urine, all the cleaning it gets before milking is a hasty wiping off with some old, dirty bran sack that may be lying handily near.

This accounts in a measure for the disgusting "barny" odor and flavor of some milk. And in the instances where your milkman uses an old, broken wire milk-strainer, you will likely find plenty of barn-yard debris in the bottom of your milk can.

It is an interesting fact to note that in the country one very rarely sees glass bottles used for conveying milk to the customer. "Too expensive and destructible," say the milkmen; so they use tin cans, and many of them exchange the cans from our customer to another promiscuously.

So I say that the city resident has more surety of being able to get pure milk than his country neighbors, and this means invaluable benefit to the sick especially.

It is to be hoped that the country towns will soon have a system of milk and cattle inspection that will assure the consumers of a pure food.

To be continued.

Practical Points

In giving a patient a seidlitz powder, I found that to give it in two doses was much easier for the patient than for him to hurriedly drink a whole glassful.

Have three glasses—put the contents of the blue paper in one glass, the white in another;

put a half glass of water to each powder; when the powders are dissolved, pour half the contents of each glass into the third glass and give while effervescing. Then, after a few minutes the remainder may be given.

G. W. A.

Editorially Speaking

The Teaching of Institutional Management

ACCORDING to the annual report of the Hospital Economics Course at Columbia University there were registered for the course at the beginning of the school year just closed eighteen students. A correspondent who noticed the report has written asking, "What is the matter with the Hospital Economics Course that more nurses do not take it?" Hundreds of other people have asked the same question. If it were the first or second year of the course, the showing would not be so discouraging, but if we are not mistaken the past year was the tenth year such a course has been offered. It has been advertised and urged and boomed at practically every nurses' convention since the time it began. Nurses like to talk about it. It sounds big to be interested in "college opportunities for nurses." But it is one thing to write about it, and discuss it—it is another thing to lay down your bread-winning occupation and go take the course yourself. Most nurses think it is a good thing for somebody else, but as for themselves, they either do not need it, do not want it, or cannot get it.

That there is a demand for training along institutional lines is unquestioned. One hospital that offered a practical course in institutional management received within the first few months after announcing it over a hundred applications. There were openings for only eight nurses in a year. One might have expected the other ninety-two who could

not be admitted for the course in the hospital would have gone to the college for it. But apparently they did not.

Apart entirely from the expense of the course at Teachers' College, there is the deepening conviction that institutional management can be better taught in a well-organized hospital than anywhere else and taught with less expense. In defense of the expensive tuition fees at Teachers' College it is stated that "the maintenance of so large a body of professors and other teachers, of libraries and finely equipped laboratories is a very costly affair." This is probably true, but are those finely equipped laboratories and libraries and this large body of professors and teachers really necessary to teach a nurse to manage a hospital or training school? What of real, practical, workable, everyday knowledge can ninety-five per cent of those professors teach a nurse about managing a hospital? They can teach her a great deal, no doubt—a great deal that will be of little or no practical use to her when face to face with laundry and kitchen problems; when perplexed with the thousand and one demands made by the public, the physicians, the patients, and the board, in even the smallest public hospital. But they cannot teach her what can only be learned by actual experience with hospital problems. In fact, if we may judge by reports of those who have had experience with the course in hospital economics in Teachers' College, there is so much in the course along the line of psychology, bacteriology, laboratory work and social work,

and so little that is really practical along the line of institutional administration, that it is discouraging. This is not saying that all these things are not good in themselves. It would be delightful to be able to spend one's time in the pursuit of knowledge along these lines. But we live in a practical working world. We must spend our time in acquiring knowledge that we can use, and that is the chief difficulty with the course at Teachers' College, according to the statements of nurses who have entered for the course or investigated with a view to entering. It is not so much the question of expense, but that after a nurse has given up the money she would earn for the year which, to say the least, ought to be six hundred dollars—and has paid the six hundred dollars and more for her expenses, making a sacrifice of at least \$1,200 in a year, she gets so little of what she really wants and needs for real, practical, executive hospital work; and so much instruction from college professors on psychology and bacteriology and sociology and so on—things which are “nice to know,” but which do not tend to make her worth more as an executive in a hospital. That is, or seems to be, the real difficulty with the course at Teachers' College. In fact, a great many have said that the term “Hospital Economics” was a misnomer as applied to the course and ought to be abandoned as misleading. A great many wise people, nurses, physicians and laymen, have affirmed the conviction that you “can't learn to run a hospital by going to *any college*.” This is not saying that the course for nurses at Teachers' College ought to be abandoned. The recent endowment makes possible the development of splendid opportunities for training along general

philanthropic and social reform lines, and therein is the greatest field for the future development of a college course for nurses. New York City affords unlimited opportunities for actual experience in district nursing, tuberculosis work and various other lines of work to which nurses are more and more being called. It ought to be possible for a nurse, by doing actual work along social welfare lines, to meet a considerable portion of her expenses without interfering at all with the instruction, in theory, which she needs along sociological lines.

Ten years with experimenting with the attempt to teach hospital administration in a college ought to be sufficient to convince those who are not hopelessly fixed in their opinions of the futility of such a course. “We learn to do by doing.” We learn also a good deal by working day by day with those who are doing actual executive work in a hospital. And we have no hesitation about reaffirming our conviction that the best place to learn the everyday details of the practical administration of a hospital or hospital school is in a well-organized hospital, under the instruction of and in daily contact with experienced executives who are doing such work.

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Our Educational Policy

For years The Trained Nurse has advocated in training school work the policy of eliminating useless things from the nursing course—of teaching fewer lessons, teaching them thoroughly and teaching things worth while.

In doing this we have been in harmony with the best educators in the general educational field, and our policy is that which is being applied more and more to

schools in general. A great many nurse teachers who advocate the professedly "higher educational ideals" of the extremists or radicals in the nursing body in practice do not reach anywhere near the practical ideals we have advocated. For instance, the name of a certain ponderous textbook on anatomy and physiology for nurses appears in the list of textbooks of a large school. Talking with the principal of the school not long ago, she said, "Yes," they used it, but she did not pretend to teach from it. She had laboriously gone through it, numbering each paragraph, and in a little exercise book had made out a list of the paragraphs here and there which the nurses were to study. For instance, Lesson I., Page 13, Paragraph 1; Page 16, Paragraph 2; Page 27, Paragraph 3, and so on. She said she didn't suppose it was the best way, but they had the textbooks in the school, and though the nurses never had been able to cover a tenth of the contents of the book, she seemed to think that she might be accused of "lowering her ideals" if she discarded it. This is just a sample of what is being done in order to have the name of belonging to the "high idealists party."

In public schools the policy of concentration and elimination of non-essentials is being adopted everywhere, as any one who is interested in and conversant with general educational matters knows. Here is a sample of the methods that are being pursued in a Western city whose plan of successful government by commission has challenged the attention of students of municipal government all over the country:

"Cube roots, compound fractions, partial payments and other arithmetical stunts that strike fear into the heart of

the schoolboy are to be eliminated from the curriculum of the Des Moines public schools next year.

" 'Thoroughness is to be the watchword for us next year,' the superintendent of the public schools said. 'We will make no change in the printed course of studies. But we will cut down the subject matter taught in each, so that more time may be given to oral drill. The school children will be given fewer things to learn, but we will make them learn them better.'

"This revision of the curriculum will extend through the high schools, too; courses will be changed so that more concentration may be possible. History courses will be revised so that the high school students may learn fewer things, but learn them more surely. In the grade schools useless arithmetic problems will be left out. Certain tables of weights and measures have fallen into disuse. The wine measure is one of these, and the school children of Des Moines will no longer be required to learn how to measure wine."

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Classes in Current Events

In the outline of the course of instruction for the training school at Morton Hospital, Taunton, Mass., there is included a class session every two weeks devoted to *current topics*. In the California Hospital, Los Angeles, a similar custom has been inaugurated, and we earnestly commend the suggestion to training schools in general. We are always deploring the "shop talk" of nurses, the fact that they lose interest in outside matters, and clatter away about affairs in their own little world—simply and solely because they don't know what is going on in the big world outside, and are

absorbed in the little world of their own. A weekly or fortnightly class hour devoted to significant current events would be one of the surest ways of getting at the root of the bad conditions we deplore. Such a course need cost the hospital nothing but a little effort in organizing it. Some of the bright, gifted ladies of the board of managers of the Woman's Aid Society would be delighted to prepare a little study of current events. A high school teacher, librarian, clergyman, college professor, or bright newspaper man or woman could be secured to assist. Even the president of the board, if he is a wideawake man of affairs, would be willing to bring to the nurses something worth hearing about what is going on in the world.

What is there at present going on which might be worth taking up in a current events class as a "starter"? Get the late number of the *Review of Reviews*, *World's Work*, *Outlook*, and such magazines, and you will find enough material for lectures for months. Select the topics which seem most interesting, significant and altogether worth while, and assign them to some friend outside the hospital for study. Get the nurses interested in the big outside world. There is no surer way to check the aimless, useless chatter about what Mrs. A. said, or Mr. B. did, or Miss C. wanted to do, or Dr. D. did do, than by giving them something else to think about and talk about.

The Quality and Measure of Zeal

THERE is a story told of a certain man who had always prided himself on his zeal in good works. One night he had a dream. He had died and was about to be rewarded for his activities while on earth. His "score" was being reckoned. He saw the angels take his zeal and weigh it. It was full weight—a hundred per cent, and he was pleased. But to his dismay he saw the angels continue this investigation of the zeal of which he had boasted. They analyzed it—submitted it to various tests. His contentment with himself was disturbed when he saw that it was made up of 22 parts of ambition, 25 parts of selfishness, and that pride, financial gain, love of power, of personal prestige and various other ingredients made up the greater portion of the remainder. "It is good to be zealously affected always in a good thing," but there is a zeal that is not according to knowledge, which is not backed up by common sense, and there is grave danger of the zeal being made up of very selfish ingredients.

The little story is not without its application in the nursing world, and those who are most zealous and at the same time determined to secure control of something or somebody, may wisely be asked to submit their zeal for testing, not according to quantity, but according to the quality of the ingredients and the motives behind this display of energy.

November

An' now the Ingin summer time, 'ith all its rest is here,
 A piece of sweetmeat stuck between the slices of the year;
 A sorter reign er jubilee 'twixt snow an' thunder showers—
 A chunk er sweetness sandwiched in between the frost and flowers.

SAM WALTER FOSS.

The Hospital Review

The American Hospital Convention.

The convention of the American Hospital Association, which was held in St. Louis, Mo., in September, was conceded by those who attended it to be one of the most enjoyable and profitable the association has ever held. The attendance was not as large as it has been for the past three or four years, owing undoubtedly to the fact that hospital work is much less developed in the West and Southwest than in the Central and Eastern States, partly perhaps to the fact that the hospital people in the States adjacent to the convention city have not yet felt their personal responsibility for the support and promotion of the national association as they should. But what the convention lacked in numbers was more than compensated for by the unusual interest and value of the sessions, and the delightful spirit of cordiality and hospitality which was so marked.

Never have the local committee and friends provided for more unostentatious and wholly enjoyable social features. The association is under great obligation to Dr. Wayne Smith, superintendent of the Washington University Hospital, for his untiring efforts to make the St. Louis convention one of real pleasure as well as profit to all who attended. In his efforts he was ably supported by Miss Rogers, superintendent of the Jewish Hospital, and its medical staff and trustees; Miss Chambers, of St. Luke's Hospital, and the faculty of Washington University.

The social features included a trolley trip to the famous Anheuser-Busch brewery, where luncheon was served and an auto trip which included stops at the Jewish Hospital, St. Luke's and the Washington University. At the University, Chancellor David F. Houston and Mrs. Houston, Professor and Mrs. F. A. Hall and Professor and Mrs. F. W. Shipley were in the receiving line, and 5 o'clock tea was served on the piazzas of the British pavilion, of World's Fair fame, now the art school of the great university. To many of the visitors it was a surprise to find in St.

Louis a university of such size and wealth and promise, that it bids fair to stand in a few years in the first rank of American Universities.

On the convention programme more prominence than usual was given to the highly important subject of hospital construction. Dr. S. S. Goldwater presented a well-thought-out plan for the construction of ward buildings in crowded cities, which is certain to have its influence in future building under the conditions mentioned. Dr. Theodore C. Link and Dr. Wayne Smith presented valuable papers, illustrated by stereopticon views, dealing with hospital construction in St. Louis, a subject of tremendous importance in that city at the present time. The report of Mr. H. E. Webster, superintendent of Royal Victoria Hospital, Montreal, was one of the most comprehensive and interesting of all the reports on the general subject of hospital construction which have been presented.

The greater part of one morning session was given to the relation that exists, or should exist, between the hospital and charity organizations. Mr. W. H. McClain, manager of St. Louis Provident Association, and Mr. Bailey B. Burritt, secretary of the State Charities Aid Association of New York City, ably represented the Charity Organization interests.

Mr. Clarence Williams, president of the Board of the New England Deaconess Hospital, Boston, who is a specialist in hospital heating and ventilation, discussed the important, but rather dry, subjects of hospital heating and ventilation in a most interesting manner and in terms which did not require expert knowledge to understand. He held the attention of his audience from start to finish and seemed thoroughly at ease in replying to the rapid fire of questions which followed his paper.

One of the most important papers of the convention was the one on "The Training of Hospital Superintendents and Heads of Departments," by Dr. F. A. Washburn, superintendent of Massachusetts General Hospital,

Boston. His subject is one to which more and more consideration is certain to be given by the association in years to come. Dr. Washburn and Dr. Babcock, in establishing practical courses for the training of superintendents and heads of departments and showing how such courses may be given by large hospitals at very small cost to the pupil and to the hospital, are blazing a way which is certain to lead to greater efficiency in the hospitals of the future.

The subject of hospital accidents was ably dealt with by Miss Minnie Goodnow, superintendent of Bronson Hospital, Kalamazoo, who had been assisted in the preparation of her paper by Attorney Frank T. Lodge, of Detroit. Few papers that have ever been presented before the association have been received with more sincere appreciation and commendation than Miss Goodnow's.

The round table conference for superintendents of small hospitals provided the opportunity for brief discussion of a variety of practical subjects for which the women superintendents and representatives of the smaller hospitals have long wished. It is earnestly hoped that these round-table discussions may be made a part of each convention in the future. The following subjects were brought up for consideration and discussion, and for over two hours, without any formal written papers, free interchange of thought and experience prevailed:

GENERAL ADMINISTRATION.

1. The Desirability of Having Both Regular and Homeopathic Physicians on the Medical Staff of the Hospitals in Smaller Cities and Towns.
2. How Best to Arrange for Open-Air Treatment in Small Hospitals.
3. Can a Small Hospital be so Arranged as to be Self-Supporting or Nearly So?
4. How to Avoid Loss by Non-Payment of Bills.
5. Is It Possible to Arrange a Satisfactory System for a Department of Electro-Therapy and for X-Ray Work Without a Paid Specialist in Charge?
6. What Paid Workers and How Many Are Necessary in a Hospital of Thirty to Sixty Beds?
7. Should a Small Hospital Attempt to Keep Clinical Histories Beyond the Ordinary Nursing Records? If So, How Is It Best to Manage

this Work Where No Interns Is Employed?

8. Is a Medical Staff a Vital Necessity to the Small Hospital? Does a Staff Help or Hinder the Progress of Such a Hospital?

TRAINING SCHOOL.

1. How Best to Arrange for Instruction in Dietetics and Massage in Isolated Small Hospitals.
2. Divide Nursing Responsibility Versus Individual Responsibility in the Daily Care of Patients.
3. How Much Teaching Should the Superintendent of a Small Hospital Be Expected to Do?
4. Bad Class Work—Teacher or Pupil—and How to Guard Against It.
5. How to Increase the Supply of Desirable Probationers in Small Hospitals.
6. How Can We Better Prepare Our Nurses for Private Duty.

DOMESTIC.

1. What Sum Is Considered an Adequate Wage for the Head Laundress of a Fifty-bed Hospital?
2. How Best to Handle the Laundry so as to Prevent or Diminish Waste and Loss of Linen and to Keep Account of the Loss in a Small Hospital.
3. Should the Matron of a Small Hospital be Required to Take the Entire Charge of the Daily Cleaning of the Hospital, Preparation of Rooms for Patients, Etc.? What Responsibility Does She Usually Have Regarding the Serving of Meals and Removal of Trays?
4. Which Is the Most Needed in the Average Small Hospital—a Housekeeper or a Dietitian?
5. How Can the Supply of Competent Housekeepers be Increased?

Miss Emma A. Anderson, of the N. E. Baptist Hospital, Boston, and Miss C. A. Aikens, of Detroit, led the discussions.

The exhibit of non-commercial appliances invented, improved or arranged by hospital workers was one of the very attractive and useful features of the convention. As only seven weeks had elapsed from the time the president decided to attempt something in the line of an exhibit as a start for the exhibit idea, it was not possible for many who desired to contribute to arrange to do so. But the exhibit was voted by everybody a splendid success. A vote of thanks was tendered Miss Aikens for her efforts in arranging for it and to the contributors who made it pos-

sible. It was unanimously decided that an exhibit along similar lines should be provided for next year. Elsewhere in this issue a description of the exhibits will be found.

The report of the committee on the nursing of people of limited means was presented by Dr. Young, assistant superintendent of the Presbyterian Hospital, New York. A digest of the report will be presented in a future issue of this magazine.

Dr. W. L. Babcock, superintendent of Grace Hospital, Detroit, was elected president, and Dr. J. N. E. Brown, of Toronto, secretary of the association. Both of these gentlemen are well-deserving of any honor the American Hospital Association can bestow. Dr. Babcock's efforts during his three years as secretary have been largely instrumental for the splendid growth of the association during that time. Presidents have come and gone. He has patiently carried the increasing burden that falls to the secretary, and discharged the duties in a manner that has commanded the confidence of the entire American Hospital world. In its treasurer, also the association has great reason for gratitude, and the election of Mr. Asa Bacon, of the Presbyterian Hospital, Chicago, for the fourth term to that important office is a tribute to his quiet, faithful labor for the association.

Next year the convention meets in New York. Everybody expects it to be the biggest and best we have ever had. Dr. Howard, of Boston, made an able president, and without question much of the success of the splendid sessions of this year was due to his careful planning and competent leadership. New York City, the great hospital centre of America, has much to offer as attractions for hospital workers apart from the splendid programme of practical things that is sure to be provided. All who are interested in hospital work will do well to begin now to make their plans to attend.



The Women's Aid Association.

The Woman's Aid Associations of hospitals have it in their power to help hospitals in innumerable small ways which will greatly increase the general efficiency, if—and the “if” here is very large—there be at the head of that association or identified with it one or more women who have what is termed initiative. Executive ability may be defined as the ability to plan work for other people

to do, and to get them to do it. This is a quality which every hospital superintendent has—must have—to a greater or less extent, and her executive ability may well be applied to the work of the Women's Aid Association.

The report of the Hale Hospital Women's Aid Association shows that it has assumed a large part of the salary for a diet kitchen instructor, that it is paying for having all the mattresses needing it to be remade, shared the cost of the telephone, sent fruit and ice cream for holiday occasions, contributed money for the superintendent to buy presents for the Christmas tree, besides contributing quantities of sheets, pillow covers, gowns, bath robes and such necessities. There is every reason to believe that small hospitals that wish to improve their training by employing paid instructors for massage and dietetics could persuade the Women's Aid Associations to assume the cost of these instructors, in many cases, if the superintendent led the way and presented the needs squarely before them.

Needed culinary appliances could be secured from the same source that would make the trays much more attractive. Individual baking dishes, custard cups, aluminum covers for covering food on trays during transit from kitchen to patient, little covered soup bowls, individual moulds for lemon jelly and all such useful little appliances that make for refinement and better satisfaction in hospital food serving could be had for the asking, in most cases. The local dealers, perhaps, do not have all these things in stock, but they can be secured from dealers in institutional supplies in large cities.

Small ice-cutting machines for each floor that will obviate the necessity of nurses waking patients with the pounding of ice in the night would serve a useful purpose and could be had. Small ice cream freezers that would make it easy for the nurse on special duty to prepare special delicacies for her own patient would make it much easier to please fastidious patients, or those not so fastidious. General efficiency demands things to work with and wherever possible to make work easier, and in working toward a higher degree of efficiency, the Women's Aid Associations can become potent factors. Whether they always are or not is another question. They can hardly be blamed for inactivity or for not accomplishing much if the superintendent does not make her special needs and desires known.

New York Polyclinic Hospital.

The New York Polyclinic is to have a new building to cost \$500,000. Plans have been drawn for an eleven-story building with basement and sub-basement. The new building will be on Fiftieth street, near Ninth avenue.

The laundry, drug and store rooms will be in the basement and sub-basement. The first floor will contain a room for the visiting staff of doctors, the superintendent's room, visitors' waiting room, students' room, private patients' reception room, a large hall with stationary seats for waiting patients and a large room for the trustees of the hospital. On the second story will be the medical amphitheatre, four wards, examination rooms, X-ray room and skin laboratory; the third floor will be given over to the surgical amphitheatre, minor surgical operating room, four wards and a number of recovery rooms.

The mezzanine floor will contain rooms for the treatment of the ear, nose, throat and eye; the children's ward, maternity ward and museum will occupy the fourth floor; the fifth floor will contain sleeping rooms for the nurses and servants' dormitories; from the sixth to the eighth floor inclusive will be the private rooms; the ninth floor will have private operating rooms and wards; the tenth floor will be given over to the isolation wards, officers', nurses' and servants' dining rooms, and on the eleventh floor will be separate solariums for private patients, ward patients and for the children.

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Naval Hospital at Norfolk.

The new wings to the Naval Hospital at Norfolk, Va., are now completed, and the building is said to be about the finest hospital the United States Government has.

Two large wings have been added, one on each side of the original portico, and the hospital now has twelve wards of twenty-eight beds each, each ward equipped with two quiet rooms and diet kitchen. Its operating pavilion in the dome of the building consists of a main operating room, sterilizing room, wash room, anesthetic room, toilet and shower and needle bath rooms. There is nothing more modern in equipment or elaborate in all that pertains thereto, and marked simplicity of plan combines with a strikingly imposing appearance.

The installation of electric fixtures in the

new wings has occasioned considerable delay in the occupation of these additions.

Each ward will be presided over by a graduate female nurse, all of whom are under the direction of a chief nurse, and in addition the hospital has a corps of sixty male nurses. The furniture provided for each patient is a bed, clothes press, chair and writing table. Each ward is equipped with washroom, bathroom, linen room, toilet, and a clothes chute leading to the laundry in the basement. Telephones in each ward connect with the office of the doctor in charge.

The hospital cares for all the sick of the naval station, including the receiving ships, training station and the marine barracks. A great deal of surgical work is done, there being from six to eight major operations a week, most of them for hernia and appendicitis. Prevalence of the latter class of cases amounts almost to an epidemic.

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Notes and News.

The Syracuse Hospital for Women and Children enters on a new era of usefulness with the opening of its new laboratory, which is said to be equipped for general research work. The work of the laboratory will be under the direction of Halbert W. Steensland, chief of the Bacteriological Department of Syracuse University, and Dr. William A. Groat, of the Department of Chemistry. It is believed that the laboratory course to be given may be of great benefit in fitting men for municipal positions. Dr. Simon Flexner has named this hospital as the local depository for his anti-meningitis serum, so that physicians desiring it may be able to secure it without delay.

The Sisters of Mercy have purchased property in Omaha and are fitting it up as a hospital for women.

H. M. Kurtz has presented \$5,000 to the Clearfield (Pa.) Hospital to erect a nurses' home. Mr. Kurtz was a former patient in the hospital.

A Pittsburg dispatch states that owners of office buildings with 1,000 or more office occupants will equip a small emergency hospital in the building and have a trained nurse in charge. In the Oliver Building, owned by

United States Senator Oliver, the emergency hospital is already in operation.

A vigorous campaign among the Lutherans of Brooklyn and Manhattan is to be begun to secure \$150,000 for a new hospital to be located in Brownsville.

The Methodists of Peoria, Ill., will build a new \$50,000 hospital to replace the present structure.

The Philadelphia Jewish Sanatorium for Consumptives has completed plans for a children's pavilion at the farm in Eagleville, Pa. It is aimed to secure a considerable portion of the funds needed by the sale of a stamp, known as the Hebrew New Year Stamp. These little stickers are modelled after the familiar Red Cross Christmas Stamp. The Jews, it is said, are in the habit of exchanging cards with each other about the Fall holiday season, and they will be asked to affix the stamp this year for that purpose.

A roof garden for the care and treatment of ailing babies has been in operation the past Summer at Flower Hospital, New York.

The homeopathic physicians of Des Moines have begun a campaign for the raising of \$100,000 for hospital buildings. The present plan is to build the children's building first and later on to add other wings.

A Masonic Hospital at Louisville, Ky., to cost \$300,000 is being planned.

A county hospital, to cost in the neighborhood of \$100,000, is to be built by Salt Lake County.

A training school was opened in September in connection with the Helena (Ark.) Hospital. During the first year 109 patients were treated.

Mr. Henry M. Faxon is to present the Quincy City Hospital (Massachusetts) with a nurses' home, to cost approximately \$15,000.

A campaign for the establishment of a Pasteur institute or hospital in Indianapolis has been started. Dr. Wegner is the moving spirit and his proposition is to build the insti-

tute out of a fund to be established in the levying of an additional dog tax. The heads of forty-four dogs found to have had rabies have been examined at the laboratory of the State Board, and thirty-one persons have been bitten by the afflicted animals.

Extensive additions and improvements are being made to the Pittston (Pa.) Hospital. Plans for the accommodation of a larger number of private patients are being developed as rapidly as possible. Miss Cumming is the efficient superintendent, and under her management the institution has greatly prospered.

An emergency hospital has been established at Biloxi, Miss., with Miss Armstrong, a graduate nurse, in charge.

The new \$70,000 Eastman Building of the Hahnemann Hospital, Rochester, N. Y., will be opened this Fall.

The directors of the new Mercy Hospital, Altoona, Pa., have adopted the following schedule of rates: Wards, \$7 per week; semi-private rooms, two beds, \$10 per week; strictly private rooms, \$15 per week. Miss Virginia Walker is in charge, with Miss Rose Schampalas assistant.

A hospital to be known as the Rockingham Memorial Hospital, to cost \$30,000, will be built at Harrisonburg, Va.

Kalispell, Montana, is to have a \$40,000 hospital, operated by the Sisters of Mercy.

The Sisters of the Incarnate Word will erect a \$75,000 hospital at San Angelo, Texas.

The General Hospital, of Devil's Lake, has been incorporated.

Edward M. Sparrow, of Lansing, Mich., has made a gift of \$100,000 to that city to be used to erect a hospital.

The Anderson County Hospital, S. C., is now ready for occupancy. It cost \$40,000.

The Harry T. Howard Hospital is to be erected at Meridan, Miss., by the man whose name it bears.

In the Training School

CONDUCTED BY CHARLOTTE A. AIKENS.

Teaching Bacteriology in the Training School*

MARY E. REID.

In the past three years methods of teaching almost all subjects in our training school course have undergone changes, and I doubt not that methods of teaching the principles of bacteriology to nurses have also changed. Possibly, I may not have kept up with all these changes. Naturally, therefore, there must be many of you here present who could prepare and present a much better paper on this subject than can I, since you are all in active service, either in the training school or in private practice. While I have striven to be "up to date" in this most interesting and important branch of science, both as regards keeping in touch with new discoveries and new theories, as well as with what the best thinkers and writers along bacteriological lines consider the essential points to be taught, I have not concerned myself quite so much about new methods of presenting these essentials, but have left that to those of you who are still filling posts of duty in the training school.

I find, however, that many of our best teachers of the present day are still dividing the work of teaching bacteriology into three distinct sections:

FIRST.

Practical Teaching on the Floors, by the Superintendent of Nurses or the Head Nurse—covering dangers to be guarded against in every department of the hospital where bacteria may enter and gain a foothold. This teaching to begin when you receive within your doors a probationer and to end only, so far as you are concerned, when you bid her adieu at the end of her training school days, should you later on accept her as a pupil and should she finish the course.

SECOND.

Theoretical Teaching, from text books in class, supplemented by Lectures—your class

work to broaden practical every-day teaching—and covering:

History of Bacteria; Relation of Bacteria to Disease; Bacteria in Processes of Nature; Division of Bacteria into Classes, and Description of the Most Important Pathogenic Bacteria; Methods Whereby Bacteria Multiply; Invasion of Bacteria into the Human System; Dangers to be Guarded Against; Description of Saprophytic Bacteria (the friendly germs), and the Benefits to be Derived from These by the Human Family; Common Communicable Diseases; Their Cause and Method of Dissemination; Immunity and Its Divisions; Serum Therapy; How Serums are Procured and How and When Used; Theories of Ehrlich, of Metchnikoff and of Wright; Bacteria in the Surgical World, including Sepsis and Its Causes; Asepsis and Antisepsis; the Operating Room, Disinfection, Disinfectants, Fumigation, Solutions, Their Preparations and Uses, and so forth; The Nurses' Duties With Regard to Personal Hygienic Precautions Against Bacterial Invasion, this lesson to include Why Nurses Should Not Wear Uniform on the Street; Dangers Arising from Failure to Obey This Injunction; Explain When and Why Uniforms Were Devised; Value of Sunshine and Fresh Air as "First Aids" Against Bacterial Invasion as Well as Their Value as Disinfecting Agents; Explain Also the Value of Sunshine and Purity of Soul in Apposition to the Germs of Evil of Various Kinds Which Try to Gain an Entrance Into Our Lives and So Destroy Their Usefulness.

The lectures by the bacteriologist on the staff to enlarge upon and emphasize your class work.

THIRD.

Laboratory work under a good, sensible, enthusiastic pathologist or bacteriologist, if you are so fortunate as to have one on your staff,

*Read at the Fifth Annual Meeting of the West Virginia State Graduate Nurses' Association at Charleston. Contributed to THE TRAINED NURSE.

or in charge of your laboratory. This work to cover:

- (1) Care and use of the microscope.
- (2) Microscopic observation and examination of bacteria found in specimens of water taken from different sources of water supply, before and after sterilization.
- (3) Observation and examination of bacteria found in milk. Specimens to be gathered from different dairies and from the hospital supply.
- (4) Observation and examination of the bacteria, etc., found in dust from sweepings of hospital wards and rooms; from private home sweepings, and dust from the street.
- (5) Examination of hand cultures, cultures from rubber gloves, both before and after sterilization.
- (6) Examination of cultures from gauze dressings and sutures and suture material.
- (7) Cleansing and sterilizing tubes and other glassware used in laboratory work. Proper method of making cotton plugs and plugging test tubes.
- (8) Making of culture media. Technique of media inoculation. Plate preparation. Hanging drop preparation. Making preparations for staining bacteria—and their microscopical examination.
- (9) Microscopic observation of bacilli—Spore-forming species, *bacillus typhosus*, *bacillus tuberculosis*, *bacillus diphtheriae*.
- (10) Preparation and demonstration of a Widal test.
- (11) Observation of micrococci, staphylococci, streptococci, pneumococci, gonococci.
- (12) Observation of spirilla, spirilla of cholera, *spirocheta pallida* of syphilis.

These lessons to be subdivided, if necessary, and rearranged to suit your own particular class of nurses. Length of time to be devoted to each lesson, such as your judgment dictates.

You will agree with me, I feel sure, that the practical teaching should be presented as simply and as clearly as possible, yet at the same time it should cover the ground very thoroughly. The same rule holds good in our class work and in the laboratory.

In our everyday teaching on the floors, in the wards, at the bedside, and in every department throughout the hospital we must impress upon these young women that the study of bacteriology is a necessity at every step

of the way from the time they enter the hospital as probationers until they pass out again as full fledged nurses, and then away into the years beyond. To quote a statement of the patron saint of the nursing world, in Europe and America, Florence Nightingale, "the angel of the battlefield," "We must be students of this and every other branch of nursing always. It is a lifetime work and we never can know too much. This grand woman was a student until the day of her death—a few weeks ago, aged ninety years—even though she was, much of the time, an invalid, and for a number of years was confined to her bed.

More than ever was I impressed with this study thought a month or two ago, while listening to an address given by one of our city physicians to a graduating class of nurses: "Young ladies," he said, "do not think you 'know it all' because you have received your diplomas to-day. Keep on studying. What is good practice to-day may be obsolete five years hence." How true this is!

We must realize the importance of the study of bacteriology more and more, when we take into consideration that disease germs are about us everywhere; in the air we breathe; in the earth we tread beneath our feet; in the dust that floats in at our carefully screened windows and doors—when we know that a stray fly carries in thousands of germs attached to its hairy feet; that mosquitos, rats and mice and other household pests carry disease germs, and that even our pet cat or dog may bring them to us embedded in their coats of hair or fur—that disease germs in the air settle on the hands and faces and lurk beneath the finger nails of even the most cleanly.

Even before a probationer gets around to being a pupil nurse she has power to do infinite harm in her every-day duties in probationary capacity, because of her lack of knowledge on these very points. Therefore, take it for granted that she knows nothing and that she must be instructed, and begin your instructions at once. If she is never accepted as a pupil of your training school, the knowledge she has gained will **not** overburden her.

When you at first try to unfold the principles of bacteriology in your class work, do not forget that your pupil nurses are only

beginners. I shall always remember how dense the subject seemed to me in the early days of my training-school career, when there were no text books on bacteriology to be had and when our hospital superintendent and the lectures on this subject "talked over our heads." How we frowned over the notes we had attempted to gather and found them "worse than Greek" so far as our understanding them was concerned. Later on, what a boon it was when the Superintendent of Nurses came to the rescue and attended lectures with us. She smoothed out many of our difficulties by *more than once* blandly reminding the lecturer that we were "merely pupil nurses, and not fourth-year medical students." In after years, when I was privileged to take up this study again in post-graduate work, what a relief to sit under instruction of professors who made things so plain that he who ran might read and thereafter become enthusiastic students of the subject. These men are themselves enthusiasts, and whether the lecture was along historical lines and we were introduced to the old fellows who first discovered bacteria, or whether in laboratory demonstration or operating room technique, or in maternity work, or surgical nursing problems, we never for an instant lost interest. When we took our first lesson in the use of the microscope and learned of Leeuwenhoek, of Holland, and his work, away back in the 17th century, we were fairly made to see the old Dutch microscopist peering into unknown mysteries; then on to the year 1846-07 to the time of Semmelweis, of Hungary, and we in imagination watched him pace the maternity wards of that old, old general hospital in Vienna seeking to discover the cause of the existing awful mortality that wrung his very soul. In imagination we witnessed his enthusiasm when he had traced the trouble to the infection carried in on the hands of the medical students, who, after dissecting room work, came straightway to assist at births in these wards, often without thoroughly *washed hands*. We fancied his delight when through his efforts this cause no longer existed and the enormous death rate became a thing of the past; then how almost sad we became at the story of his death in an insane hospital, his malady due to grief over the cold reception the skeptical gave to his wonderful discovery—one of the most wonderful

ever proclaimed, before or since, namely, the cause of puerperal sepsis—a discovery for which every mother in the world, from that time up to the present day, has had reason to thank God.

And so we were led through the years, and on up to 1862, to the work of Louis Pasteur, of France, and, later, to the investigations of Robert Koch, of Germany, these men the real interpreters of bacteriological science as we are studying it to-day. Then followed the story of Lord Lister, of England, the "father of antiseptic surgery," through whose discovery, in 1875, sepsis lost its power.

Dangers from these unseen foes to life and health were made so clear to us, by object lessons, by illustrations, by practical work, by laboratory demonstrations, by bedside talks, by precept, by example, that it almost became second nature to look out for and never give quarter to these mischievous children of the plant kingdom.

When, later on, I became a teacher in training schools, with the exception of a chapter here and there in text-books on other subjects, we still had no text-book teaching on bacteriology for nurses (except in the last few years I taught, when I used my own compilation) and teaching the subject presented difficulties unknown to-day. In order to arrange lessons for class work one had to wade through "impossible" matter in text books written for physicians and medical students. It meant a great waste of time, to say the least, to go through so much material and cull therefrom and simplify for class work the lessons necessary for an intelligent, sane and sensible interpretation of the study. No easy task, either, as I am sure any of you who have been through the same difficulties, in by-gone years, must concede.

The work of supplementing class work by lectures on the subject by a member of the staff presented the same difficulties as in my own experience in early training-school days. It seemed difficult to find some one who knew just what to teach and what to omit, or to in the least simplify his language. After lecture the cry arose on all sides, "Dr. So and So's lecture was so filled with big words that we could not make head or tail of it, and won't you please explain?" Yet these men were always so good about trying to use

simple language when their attention was called to the nurses' difficulties!

The whole matter of teaching bacteriology to nurses seems to resolve itself into just this: Be alive to its necessity and be enthusiastic over the subject yourselves—then will you strive to make the lessons so simple and so instructive and so interesting that your pupils must of necessity become enthusiastic, too.

Every teacher of bacteriology, and every lecturer on this subject, as well as every other subject taught in our training schools, should themselves be students, and diligent students. Understand every inch of the ground you wish to cover in the lesson you attempt to teach. Sift it to the bottom. Encourage your pupils to ask you questions, and be prepared to answer them. In no other way can they gain a clearer view of what you wish to impress upon them.

One plan that has appealed to me in class work is that of reading over the text-book lesson with the pupils as part of the class exercise. Explain any difficult points as you go along and then ask for questions on anything not quite clear. After this closed books, and a memory test, this test to consist of a *short paper, written there in your presence*, covering briefly, and in their own words, what you have gone over and what they consider the most important points to be remembered. Collect the papers at the close of class, and take the trouble to read and correct them, and give them back to your pupils before you take up the next lesson. There is no better way to discover how much knowledge of what you have attempted to teach each has gained. Maps or charts illustrating the different forms of pathogenic bacteria are very valuable aids in class work.

Do not fail to attend the doctors' lectures with your nurses, if at all possible.

Lastly (and I am sure you are all glad), *Laboratory Work*. Unless you are an expert do not attempt the laboratory demonstrations (except the very simplest ones). Leave these to the pathologist or bacteriologist in charge of your laboratory.

If you have no laboratory, or its equipment is incomplete, these lessons should be taken up in some good hospital (containing proper equipment) with which it may be possible for your school to affiliate; or, the teaching under a bacteriologist may be taken up as post-

graduate work later on. Practical work, class teaching and the lecture course should go hand in hand, as a rule, but it is the concensus of opinion among the best teachers of the present day that the difficult laboratory work should be optional, not compulsory.

Go to the laboratory lessons with your class, as there is danger of their getting into too "deep water" there, also.

The simple exercises, such as examining under the microscope, dust and sweepings from rooms, nail scrapings, observation and examination of the various forms of bacteria and their sub-divisions, etc., are interesting and profitable to demonstrate yourselves.

One very interesting demonstration is the examination under the microscope of the common house fly. I do not know that any of you have had pupil nurses who, in spite of all rules to the contrary, would either take out window screens, or else push the window sash up several inches beyond the screen, if you have not screens over the entire window. Have a nurse catch just one fly that this act of thoughtlessness has let into your hospital ward, or room, and have the class examine it microscopically. What they discover ought to be an object lesson they will never forget. Turn the fly over on its back, and see what kind of feet it has. Each foot has an equipment of claws and pads, two pairs on each foot. Flies cling to rough surfaces by these pads, and to smooth surfaces by a combined action of both pads and claws. The pads are covered with thousands of tiny, sticky hairs to which everything adheres. From the time he ceases to be a grub the fly is hampered with sticky feet. He loves garbage piles and dirt heaps and all sorts of refuse which he finds about the premises of the uncleanly, and straight from these he comes in through the aperture between screen and sash. He has gathered up millions of disease germs from these unclean places on the thousands of hairs on his feet and he deposits them wheresoever he will. Watch him try to shake off this deadly load. If he cannot rub or shake it off he washes it off with his tongue, just as a cat washes her paws. This he swallows and, loaded to the utmost with a multitude of germs, it passes off as excreta. The ordinary house fly has come to be called "the typhoid fly." When the nurse learns this fact and imparts her

knowledge to the laity let us hope that each may profit by the lessons. Flies swallow typhoid bacilli in countless millions, while feeding on excreta and throw them off again in their own excreta in untold greater numbers than those they shake or rub from off their feet. They alight on food in your diet kitchen and deposit excreta there, or on the milk pitcher if you, indeed, manage to keep it out of the milk itself. Just think of this one thing alone!

Have you ever had pupil nurses take off their shoes, laden with dust and clay from the street and deposit them on their clean white beds, or place them on the mantle piece? One can scarcely credit such offenses as these, yet I can vouch for just such experiences, and many even more offensive, not only with pupil nurses, but—must I tell it—with graduate nurses, also. The time to begin to train this sort of woman is away back with her grandmother. Have a nurse scrape a speck of clay

from the heel of one of these shoes and have the class examine it microscopically. Surely they will learn from the lesson that street shoes, or any other shoes they have worn, are dangerous as well as unsightly and questionable mantlepiece or bed ornaments. Let them also glean from an examination of a little dust from the sweepings of the ward, or any other sweepings why it is that we continually din in their ears, "Dust and dirt mean danger."

When the pupil nurse accepts, through your teaching, the importance of these and other essentials, which she sometimes seems to think too trivial for consideration, the pathway of the Superintendent of Nurses and the Head Nurse will be smoother. I will not say "then will your nights be filled with music," because sounds heard at night in hospital work are not apt to be musical; but I will say that many of "the cares that infest the day will fold their tents like the Arabs and as silently steal away"

Florence Nightingale in Memoriam

Great pillar of light and love!
Torch-bearer of our Art,
Who hath nobly pointed us the way!
After thy glorious span of ninety years
Thou hast been called from out our midst.

Thy name has long since
Become a fireside legend
In every land that England owns.
And thy work has permeated
The entire earth from pole to pole.

Kings and Emperors, Queens and Princes
Have each one paid thee homage.
The Victorian Cross and merit orders,
Great favors of royal love,
Upon thee have been conferred.

And other gifts most precious!
But the gift which thou has valued most,
While yet the humblest of them all,
Is the eternal and loving gratitude
Of great and small of all the human race.

Thou hast followed the gallant soldier,
From thy peaceful fireside,
To the battlefield and distant camp fire—
Full well did England style thee
"The Angel of the Crimea."

Thou hast walked into the fever camp,
And with thy great shield of loving care,
Thou hast lifted the pall of darkness
From o'er the cot, and health and strength
returned,
Though ever the dread sword of death hung
near.

And to-day, as the whole world mourns for
thee,

Let us hope that thy followers,
In every clime, will turn in spirit
To offer up our solemn tribute
Of silent prayer, for thee in death.

WINIFRED A. O'HAGAN,

Book Reviews

Primer of Sanitation. By John W. Ritchie, Professor Biology, College of William and Mary, Virginia. Illustrated, cloth, 40c. For sale by Lakeside Publishing Company.

This little book, as its title page indicates, is a simple work on disease germs and how to fight them. It is written in simple, popular style, in a form suitable for study by public school pupils, and for general reading by the laity. The health problems of every section of the United States have been treated, and the author expresses the hope that the book may play some part in lessening the appalling economic and vital loss from preventable disease that is constantly sapping the nation's strength. The following subjects are discussed: The cells of the body; disease germs and how they get into the body; the struggle between the body and the germs; the skin; pus-forming bacteria; tetanus; the air passages and lungs; the importance of sanitation; the house fly; disease germs in food; disinfection; unhygienic habits; public sanitation; practical sanitation, etc. Besides these the common communicable diseases, such as influenza, whooping cough, tuberculosis, typhoid fever, diphtheria and pneumonia are discussed. Each chapter is followed by a list of important points to be remembered. To nurses whose work calls them into unsanitary homes, school nurses and visiting nurses, the book will be valuable because of the simplicity in which its teachings are given. To principals of training schools and head nurses it will be a help by calling to mind in concise form points often overlooked in teaching probationers. On the whole, the little book is one of the best of its kind which has come to our notice.

The Cause and Cure of Colds. By William S. Sadler, M. D., Professor of Physiologic Therapeutics the Post-Graduate Medical School of Chicago, Director of the Chicago Institute of Physiologic Therapeutics, Mem-

ber of the American Medical Association, etc. Price \$1.00, post paid. For sale by the Lakeside Publishing Company.

Professor Irving Fisher, in his report on "National Vitality," prepared for the National Conservation Commission, estimates that the average well man is compelled to lose about five days each year as the result of colds, headaches and other minor physical disorders. Besides the economic loss as the result of colds, medical men are now awakening to the fact that colds in the head, chronic catarrh, grippe, etc., are proving to be the forerunners in many cases of more severe maladies. It is the sincere desire of the author that this little book shall contribute something toward a sensible understanding of the cause of colds, aid in their prevention and materially assist in their successful management and treatment in accordance with rational rules and scientific principles. The book is illustrated with many drawings.

Health in the Home. A practical work on the promotion and preservation of health, with illustrated descriptions of Swedish gymnastic exercise for home and club practice, by E. Marguerite Lindley, Lecturer on Health Culture. New and revised edition. Price \$1.00. For sale by the Lakeside Publishing Company.

The title of this work is a good description of its contents, as well as of the range and scope of the book, and leaves little more to be said.

The author is a well-known lecturer on health subjects, and the book is a full and complete embodiment of her ideas absorbed, including the ideas of a list of important physicians to whom she acknowledges her indebtedness. It is printed in a clear and readable type, and is well illustrated. The work is to be highly recommended.

(Continued on page 348.)

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

Dr. MacEvitt's Advice.

To the Editor of The Trained Nurse:

In the September number of *The Trained Nurse*, on page 142, in the article by Dr. John C. MacEvitt, he gives nurses the following bit of advice under the title "The Responsibilities of Your Vacation": "Your first duty is to your patient. If you are certain that injurious effects will follow the literal following out of the doctor's instructions, modify them. Obedience to orders is admirable, but let it be intelligent in its performance * * * A nurse with three years' hospital experience knows some things which a doctor without such hospital experience lacks."

It is very magnanimous in the doctor to include the latter rather flattering statement in his article, but I would respectfully ask whether such advice is wise for either a nurse or doctor to give. The very thing which the doctor advises nurses to do—to modify the doctors' orders when, in the nurse's judgment, to carry out his orders would not be for the good of the patient—is one of the charges which the doctors in Pennsylvania, who are fighting registration, are making concerning registered nurses. It is an old charge which doctors have been making for forty years. There is nothing that could do more harm to nurses as a body than that they should get the view of themselves and their responsibilities that the writer seems to wish them to have. There are some things better left unsaid, and the remarks I have quoted would seem to have been among them. I consider it positively unwise for any doctor to tell young nurses that because they have been three years in a hospital they know more about some things than a doctor—even though this may possibly be true in some cases. It is a mooted question how far and when a nurse is at liberty to set her judgment before the doctor's, but the only safe rule to teach

nurses, it seems to me, is loyalty to the doctor's orders. Emergencies call for emergency management, and if the doctor had been speaking of emergencies I would not disagree with him. I should like to know what other nurses think of the quotation.

PENNSYLVANIA.

It is probable that Dr. MacEvitt had emergencies in mind when writing the quotation, though it is not so stated. In these days of easy telephone communication, it would seem that only a serious emergency would justify a nurse in setting her judgment before the doctor's without first consulting him. When she does so, she should report what she has done at the first opportunity. There is danger of blundering on both sides of carrying out the doctor's orders so literally that the patient will die as a result. For instance, a doctor who had been out late and indulging in the cup that cheers wrote an order for two grains of morphine to be given to a baby under two years old. The nurse who would carry out such an order, knowing that it was an overdose, and the general circumstances, would have been equally guilty with the doctor who wrote it. But such cases are unusual. On the other hand, there is danger in advising nurses to set the doctor's orders aside whenever they think best. Common sense is needed to steer clear of extremes at either point. We should advise nurses to communicate with the doctor, if at all possible, before changing or modifying his orders.

ED.

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What Would You Have Done?

To the Editor of The Trained Nurse:

When reading an article on "War in Philadelphia Against Registration and Registered Nurses" in the June number of *THE TRAINED NURSE*, it brought to my mind a very interesting pneumonia case which I was called to take

care of late in February, where one of the physicians was decidedly prejudiced against trained nurses. Perhaps a few details of the case would interest many of my sister nurses who are readers of this magazine.

The call was a special one to me, and it was six miles out in the country on a farm. The family were evidently in good circumstances, but very ignorant. Upon arriving I found the patient had been seriously ill with pneumonia for five days and was in a very critical condition. Her heart was very weak, rapid, irregular and intermittent. Respiration was 45 to 50 per minute, and temperature ranging from 103 to 105. Both lungs were affected, and the patient had neither coughed or raised, or had inclination during this time. The hands, feet and face were badly cyanosed, also spots all over the body that were cyanotic.

The husband had tried to take care of her, which was very evident. The physician had urged to have a nurse before, but the family thought that it was not necessary. The husband did as well as any ignorant man could do. The patient, bed and room were very much in need of a nurse's attention.

I gave the patient my undivided attention for seventy-two hours, and in my eagerness to save her life, I neglected myself and the much needed rest. The physician asked me if I would like a nurse to help. I replied that I could stand it a few hours longer, as the patient then was not expected to live very much longer.

There was in the village, six miles away, a nurse just finishing on a case, and the physician sent for her. The husband also sent for another physician to come in consultation. He was a friend and doctor for some other member of the family. There was not much change in the patient's condition for three days after the second nurse came. After the patient did begin to show signs of improvement the second nurse was discharged on account of so much expense. I took charge of the case alone again, and the patient continued improving slowly, but not as rapidly as the husband thought she ought to, so, after several days, he called the same physician in consultation again. The pulse was at that time 112 to 116 and respiration was down to 22 to 26, the temperature ranging from 99 to 101, and the patient was taking a glass of milk or an egg

nog every two hours regularly. After the second physician examined her and the charts, he said that he could not see any improvement whatever, which was untrue. The husband, being discouraged, gave the case to the physician whom he called in consultation, and discharged the first one. I had tried to impress on the husband's mind how his wife's condition had improved, but he failed to see it, so I gave up in despair and said no more on the subject. However, the next time the new physician came, I detected a strong odor of whiskey about him and knew that he had been drinking.

He immediately ordered me to apply a Spanish fly blister over the chest, more particularly over the lower lobes of the lungs, and after removing to apply a raw cabbage leaf over blisters. I was amazed at such treatment, but I did as he ordered, except putting on the cabbage leaf, as there was none available in the neighborhood, so a flaxseed poultice took its place.

This physician, if I must call him such, was not in favor of hypodermics, and the patient's medicine had been given that way entirely, as her stomach would not retain any medicine whatever, except whiskey. He immediately ordered her heart stimulants, which were at that time strychnine and digitalin, to be given by mouth. After she had taken the second dose she vomited, but he was positive that the medicine did not cause the vomiting, and I said that we had tried giving it by mouth before and that she vomited it up every time, so we had to give it hypodermically. Of course he did not wish to do as we had been doing, so he insisted that it be given by mouth, consequently vomiting continued. He then ordered hard cider to settle her stomach, and this made matters worse. Again I thought he was crazy, and as I saw that the patient was making no headway under such treatment, and I was so disgusted with the physician, for every time that he appeared he had been drinking, I gave up the case. They then procured the services of a domestic nurse, and she went away just a few days before the patient died.

This physician was decidedly prejudiced against trained nurses, and a few days before I left he was discussing trained nurses with the physician who had charge of the case at first, and he said that in his experience he

found that in cases of almost any kind that a good practical woman knew more about taking care of a patient and proved more satisfactory than a trained nurse. The other doctor replied that that had not been his experience.

I learned afterward that the patient vomited continually up until the last of her life, and the end came April 26, 1910. She died in convulsions caused by some one of the family giving her some pills to quiet her, guessing that they were morphine. At the last hours they called this physician, but he said he would not come, as he could do no good.

I felt perfectly justified in leaving the case, for I could not do differently, and I thought that was the easiest way out of the difficulty.

A friend, who was interested in the case, went to the trouble of investigating this doctor's practice, and found that he was a man who dissipated, and had very little practice.

I presume to say that many nurses have had similar experiences with physicians, and their treatment of cases, but I never heard of such peculiar remedies as this one prescribed.

G. M. B.

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Nurses As Dietitians.

To the Editor of The Trained Nurse:

Never having seen an answer to an article in the 1909 December number of the *TRAINED NURSE AND HOSPITAL REVIEW* entitled "Nurses as Dietitians," I venture, as a nurse, to try to give a few words on the subject. However, I think the question is practically answered at the close of the article, "Because it neither brings prestige, or pay;" that is, the pay of an average superintendent in a hospital.

My experience has been in the main, that food values, even by so called teachers of Dietetics and in text books on the subject, have not been sufficiently taught, or impressed on the mind of the student. And what effort has been made has perhaps not been sufficiently appreciated by the pupil, employer, or the patient.

Dr. Thomas, of Philadelphia, has said, "Women are poor cooks. Why? Because they give you what you like to eat, and not what you ought to have."

Most nurses are not interested in the diet kitchen. Many more having but recently emerged from the precinct of a kitchen, radically object

to such an environment or a return to its duties. Just why it is that women so strenuously object to the "fine art" of cooking, is not known. I believe, however, the answer could be found in the fact that the average woman who cooks for any one, other than her own people, be she a lady by birth, education or deportment, is looked upon as the lowest menial in the establishment. The French people, purported to be the best cooks in the world, are proud of being called chef. An American, or his amalgamation, would, as a rule, rather starve than be called a cook after a few months spent in other occupations, much more menial.

Who will strive to elevate the occupation? It must imply, of course, that the chemistry of food must be properly understood, and applied. This knowledge ought to be fully equal to any chemistry that an ordinary nurse is expected to use in her practice, either in a hospital or in private practice. A diet kitchen, properly conducted is a laboratory. If we called it such, and made a hospital rule that the operator therein should be called a dietitian, and treated with as much courtesy as a superintendent of any other department, the problem, I think, would be solved, and the ranks crowded with applicants for positions.

AN OLD NURSE.

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Miss Nelsen's Article.

To the Editor of The Trained Nurse:

I was much interested in the discussion of Miss Nelsen's article, "A Typhoid Case in the Country," especially that part bearing on the financial consideration. It seems that the family in question was situated financially so it could, and should, have paid the full amount of the bill. Such weeks as Miss Nelsen describes take the life and strength out of a nurse, and if she is ill or financially embarrassed none of the middle classes that we hear so much about, or any one else for that matter, comes to her aid. At least I never heard of it. Any one to whom a nurse is indebted expects remuneration for services, and justly so. Why then should nurses be expected to give their services for comparatively nothing. Perhaps I have not the right ideas, but can see it in no other light as yet.

A HELENA NURSE.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Spanish-American War Nurses.

The eleventh annual convention of the Spanish-American War Nurses was held at Atlantic City, N. J., September 20, 21 and 22. Owing to an alleged breach of contract on the part of the Hotel Chalfonte which had been selected as headquarters, it was necessary to make a change at almost the last moment, when the Hotel Westmont was selected for this purpose.

The convention opened on the evening of the 20th, with an address by the President, Mrs. George Lounsbury, which will be found in this issue. This was followed by an informal reception, after which refreshments were served through the courtesy of the Hotel Westmont.

At the business sessions the reports of the officers and chairmen of committees were full of interest. The Treasurer's report showed the finances on a firm basis and in a flourishing condition. It was voted to discontinue the Benefit Fund as a separate fund. This does not mean that there will be no further benefits paid, but the action was made necessary in order to conform with the articles of incorporation. This will also allow the society to use any surplus of income over expenditures for benefit purposes when this seems desirable. Owing to the fact that all members had been notified that if they were suffering from any disability as the result of their services in the Spanish-American War, to make application for a pension, and that those who had made application for such had been granted special pensions, it was not considered necessary to continue the Pension Committee, and it was voted to discontinue it.

It was moved and seconded and the motion carried that the society express its respectful appreciation and thanks to General Torney, S. G. of the Army, for his having obtained increased pay and recognition of rank for the Army Nurse Corps. Speaking to the motion, Dr. McGee explained that the Army Nurse

Corps was fortunate in having as Surgeon General the army surgeon who was the first to propose and ask for women nurses in his hospital (the ship Relief), which he did in April, 1898, before the war with Spain was declared. Also that when he accepted the position of Surgeon General, he had planned to do much for the Nurse Corps, and had told Dr. McGee of his intention nearly eighteen months ago. Besides obtaining legal increase of pay, etc., he had obtained for the nurses commutation of quarters, the same as for a lieutenant.

Letters of greeting were read from absent members in all parts of the United States, from Canada, Cuba, Philippine Islands, and from foreign mission fields.

The following officers were re-elected: Mrs. Lounsbury, president; Mrs. Epps, recording secretary; Miss Harroun, corresponding secretary, and Miss Charlton, treasurer. The following vice-presidents were elected. Miss Jackson, Mrs. Ludlow, Miss McCloud, Miss Hibbard, Mrs. Clark, Miss Wilson, Miss Higgins, Miss Jones, Miss Hall and Miss Dix.

Among the social features were the banquet at the Hotel Westmont, a tea at the home of Miss Nesbitt, a chair ride on the Board Walk and Seeing Atlantic City. The management of the Hotel Westmont also extended many courtesies to the visiting nurses, which were entirely complimentary. Many voted this convention the most enjoyable yet held. The next meeting place will be Oklahoma City.

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Changes in the Nurse Corps of the United States Navy.

APPOINTMENTS:

Anne D. Cockerille, Providence Hospital, Washington, D. C.; Anna A. Wayland, Children's and Columbia Hospital, Washington, D. C.; Catherine Cadden, Medico Chirurgical Hospital, Philadelphia, Pa.; Peron E. Jennings, Columbia and Children's Hospital Washington, D. C., late superintendent of the



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Bloomfield, N. J.

Children's Hospital and Training School of Washington.

ESTHER V. HASSON,
Supt. Nurse Corps, U. S. N.

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Changes in Army Nurse Corps.

APPOINTMENTS.

M. Estelle Hine, graduate of the Northwestern Hospital, Minneapolis, Minn.; re-appointed October 14 and assigned to duty in the Attending Surgeon's office, Washington, D. C.

DISCHARGES.

Gertrude B. Gilstrap and Louise H. Gutberlet, Manila, P. I., Oct. 10.

TRANSFERS.

From Washington, D. C., to San Francisco, Cal., Matilda A. Romeo; from Fort Bayard, N. Mex., to San Francisco, Cal., Mary E. Craig; from Division Hospital, Manila, P. I., to San Francisco, Cal., Junia Hattie Latimer; from San Francisco to Fort Bayard, Ella B. King; from San Francisco to Manila, P. I., on Sherman, October 5, Mary F. McLaughlin and Emma Woods.

JANE A. DELANO,

Superintendent Army Nurse Corps.

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Massachusetts.

The graduation exercises of the Class of 1910 of the Waltham Training School for Nurses were held in Maynard Hall, Waltham, on the evening of September 29, at 8 o'clock. The opening prayer was made by the Rev. Francis E. Webster, after which Dr. Worcester spoke a few words of welcome. He went on to say how much more fitting it was upon such an occasion to have the address delivered by a nurse, especially a graduate of the school, than by a doctor, minister or lawyer, as is usually the case, and introduced as the first speaker Miss Annette Fiske, of the Class of 1903.

Miss Fiske's talk was meant, as she said, to try to express what the training in such a school should mean to those who take it and to give some advice suggested by her own nursing experience. She spoke of the high ideals inculcated by the school and the important training in character given there, entailing the duty of unfailing loyalty, of the duty of cheerfulness and optimism, of the influence of one life upon another and the effect of a nurse's conduct upon all other nurses, and she closed with an expression of her own realization of how much she owed to her course at the school.

After some singing by Mrs. Eloi Lamont, Dr. Allan Greenwood was introduced by Dr. Worcester and spoke upon the educational influence of the nurse. His first point seldom receives so much emphasis, but is most interesting and significant. It was the great influence exerted by the nurse upon the future character and life of the little babies she cares for, not only through the habits she teaches them, but through what she teaches the mothers. He then spoke of her opportunities for educating children and parents in her work as district nurse, tuberculosis nurse and school nurse.

When Dr. Greenwood had finished, diplomas and medals were presented to the following members of the graduating class by the principal of the school: Miss Beatrice de Veber, Emma L. Berry, Daisy M. Connor, Mary E. Gill, Iva H. Holland, Margaret B. Howell, Leone N. Ivers, Grace B. Kendall, Mary Loud, Doris Macomber, Rachel A. Mackintosh, Edith L. Mott, Ethel B. Rich, Grace Van Wagenen, Clara F. Wright.

In closing Dr. Worcester expressed his regret that Father Brosnahan was unable to be present and requested the Rev. Mr. Webster to give the benediction.

A reception with refreshments followed and the evening closed with a dance.

The Nurses' Alumnae Association of St. John's Hospital, Lowell, held its regular quarterly meeting at the hospital on October 3. The meeting was called to order by the president. Rev. Lawrence F. Tighe, O. M. I., gave the benediction and addressed the nurses in the classroom. The principal business of the day was the election of officers and the following were elected for the ensuing year: President, Miss Hanna Quigley; vice-president, Miss Mary Ryan; treasurer, Miss Jennie McKinley; secretary, Miss Mary F. Sullivan; sick committee, Miss Anna Nash and Miss Jennie McKinley.

It was decided to hold a sale December 3 for the benefit of the proposed endowed room.

A paper on "The Infant" was prepared by Miss Alice MacLaughlin and read by Miss Quigley.

Mrs. Dita H. Kenney, for nine years superintendent of the Army Nurse Corps, after a much needed rest, has again taken up

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household good- Milton.*



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active work, and has accepted the position of superintendent of the Addison Gilbert Hospital, Gloucester, Mass.

Miss Laura Nye and Miss Mary Murray, of the Clinton Hospital Training School, are seriously ill with typhoid fever, supposed to have been contracted from a patient.

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Connecticut.

After the business meeting of the Alumnae Association of the Connecticut Training School, New Haven, held October 6, 1910, the reports of the chairmen of different booths, also report of the committee on the progress of the work for the fair to be held November 9-10 for the benefit of the endowment fund were heard. From the reports we found that all are busy and with promise of good success. Over one thousand tickets having been already disposed of, we are hoping to hear from those of our own number too far away to attend the fair. We have been promised dolls dressed in the uniform of the nurses from different hospitals and appreciate the courtesy and prompt response to our appeal. We hope to receive your order for our cook book, the only original nurses' cook book of Connecticut. All orders for calendar or cook book, as well as all articles, to be sent to Mrs. J. R. Marsh, 856 Howard avenue.

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New York.

The New York State Nurses' Association held its Ninth Annual Convention October 18 to 20, at the Hotel Seneca, Rochester, N. Y.

The New York County Nurses' Association held its regular quarterly meeting on Tuesday, October 4, at the Nurses' Club, 52 and 54 East Thirty-fourth street.

The Registered Nurses' Club of Schenectady has taken up visiting nurse work. Miss Anna Magee, vice-president of the club, is in charge of the work.

The officers and members of the District Nursing Association of Buffalo and those who assisted in the tag day work of raising funds for the association met recently in the

Women's Union Building to hear the detailed reports of the tag day collections and to discuss the plans of the association.

President Mary E. Lewis presided. She recited the good being accomplished by the seventeen nurses of the association. Miss Lewis told of the West Utica street settlement house for children from homes where there is consumption. The property was placed at the disposal of the association by John D. Larkin. The children have been gardening there all Summer.

The association plans to use the West Utica street house as a recuperating place for poor persons just recovering from illness.

Miss Mabel Jacques, who has had charge of the Buffalo tuberculosis work, and who has been incapacitated for six months on account of a serious accident, returned to her work October 1.

On Saturday afternoon, October 15, the Brooklyn Red Cross Nurses visited the Hospital ship Solace at the Brooklyn Navy Yard.

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Pennsylvania.

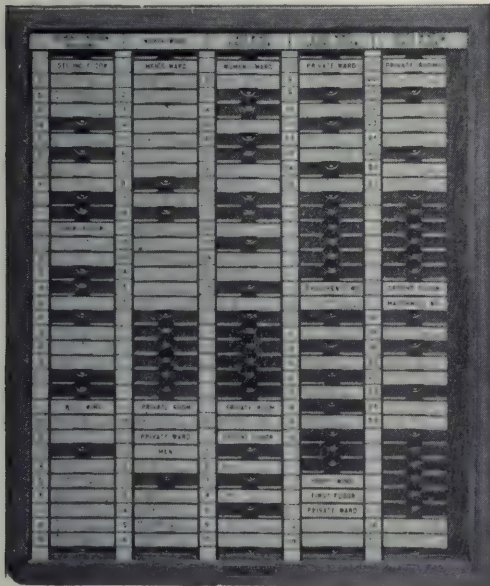
Graduating exercises of the Training School for Nurses of Mercy Hospital, Pittsburgh, were conducted on Wednesday evening, September 28, 1910, in the clinic amphitheatre of the hospital. Attorney John E. Laughlin addressed the class of 1910, and Dr. I. J. Moyer made the presentation address and distributed the diplomas. Sister M. Etheldreda, directress of nurses, presented the medals. Pittsburg College Orchestra furnished music for the evening. Rev. Dr. Thomas F. Coakley, assistant at St. Paul's Cathedral, made an address to the graduating class.

Graduates are: Misses Agnes Regina Holzen, Nellie Elizabeth Geary, Frances Genevieve Finnell, Elizabeth Anna Diebold, Jane Margaret Moran, Grace Margaret Caulfield, Ruth M. Cathers, Josephine Bernice Washburn, Agnes Kearns and Bertha Mabel Ward.

Mercy Hospital Alumnae Association gave the graduating class a reception and dance at Melwood Auditorium on Wednesday evening, October 5, 1910. The auditorium was beautifully decorated with palms and flowers and the class colors, light blue and white,

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THAT'S ENOUGH

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The McKeesport Hospital Training School held its annual commencement on the evening of September 29, in the hospital. Addresses were given to the seven graduates by Hon. J. J. Miller, Dr. H. S. Arthur and Mr. E. P. Douglass, who presented the diplomas and school pins. An informal reception followed.

The twenty-fourth annual council of the Guild of St. Barnabas for Nurses was held on Oct. 3 and 4, under the auspices of the Pittsburgh branch of the Guild. The opening services in St. Peter's Church were on Monday evening, when the sermon was preached by Rev. L. G. Morris, of Los Angeles. The business sessions were held on Tuesday in the parish house of the Church of the Ascension, from 10 to 5 o'clock, with an intermission for luncheon. Dr. Theodore Diller made an address in the afternoon. On Monday afternoon there was a reception at the residence of Bishop Cortlandt Whitehead, who is chaplain general of the Guild. At the close of the business sessions on Tuesday there was an automobile ride through the parks. Bishop Cortlandt Whitehead, who for the past twenty-four years has been chaplain general, was re-elected. Others elected were Secretary General, Mrs. William Howe, of New Jersey; General Treasurer, Mrs. Arthur Van Harlingen, of Philadelphia, Pa.

Miss Jessie L. Greene will retire as superintendent of the Memorial Hospital, Johnstown, Pa., Nov. 1, and will spend the remainder of the winter with relatives in Fayette, Allegheny and Clearfield counties and in distant states, thus severing relations with the institution whose position in the state was largely established through her wise supervision.

For over sixteen years she has been connected with the Memorial, and during her service the hospital has more than doubled its work and has sent scores of thoroughly trained professional nurses out to aid the weak and afflicted, and through their labors add luster to the hospital in which they received their training.

The regular meeting of the Alumnae Association of Mercy Hospital, Pittsburgh, was held on Thursday evening, September 29th,

in the lecture room of the hospital. A large number of the sisters and nurses were present at the meeting. Mr. Little, of the Associated Charities of Pittsburg, gave a very interesting lecture on how the poor of the city were taken care of by the different associations and organizations. After the lecture the minutes and reports of the last meeting were read and accepted. New members were elected to membership in the association. The meeting adjourned to meet the last Thursday in December.

At a special meeting of the Nurses' Alumnae Association of the Jewish Maternity Hospital, held August 19th, 1910, at the hospital, No. 534 Spruce street, Philadelphia, the following tribute to the memory of Mrs. Nathan I. Fox was unanimously adopted and ordered spread upon a separate page of the records of the association:

"The Nurses' Alumnae Association of the Jewish Maternity Hospital of Philadelphia mourns the death in Chicago, Ill., of Mrs. Nathan I. Fox (nee Anna S. Palis), a graduate of the class of 1902, and a member of the association since its organization. Our lamented sister nurse was always active in the work of the alumnae while in Philadelphia, performing the duties assigned to her with ardor and fidelity. And it was due to her modesty and reserve that the association was not made aware of her serious illness. The shock of her early death comes therefore to the members with greater force, and as we mourn her loss deeply we enter more fully into the grief of her dear husband and family, and extend to them our deepest sympathy and condolence. God give them solace in their sorrow and grant unto her peaceful rest in the land of the great beyond.

Resolved, That a copy of these resolutions be presented to Dr. Nathan I. Fox and to the parents of our deceased sister, and published in the eighth annual report of the association and that copies be sent to the American Journal of Nursing, Quarterly and THE TRAINED NURSE AND HOSPITAL REVIEW.

Resolved, That a perpetual wreath be placed upon the grave of our deceased sister as a remembrance from the Nurses' Alumnae Association of the Jewish Maternity Hospital.

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West Virginia.

The fifth annual meeting of the West Virginia State Nurses' Association was held at Charleston September 6th, 7th and 8th. On September 6th the superintendents of training schools held a meeting at which the report of the American Hospital Association on Training Schools was discussed. This meeting was open for all nurses, but only the superintendents were expected to take part in the discussions. Other topics discussed were the proper age for a probationer, the entrance examination, first year's studies, and in this connection Miss C. A. Aiken's book was highly recommended. A motion was carried that any superintendent expelling a pupil nurse for immorality, unfaithfulness or any gross fault should inform the president, who should send the name and offense of such pupil to the other superintendents of West Virginia for their protection. In regard to private nursing by undergraduates, the meeting went on record as deprecating this custom, except for such patients who could not pay for graduates, such nursing never to be done except in the pupils' third year.

At the meetings of the nurses the papers read were of more than usual excellence. They were: "The Anti-Tuberculosis Movement in Charleston," Miss Slike; "Some Phases of Private Nursing," Mrs. Mary G. Carpenter; "The Teaching of Bacteriology," Miss Mary E. Reid; "Ophthalmia Neonatorum," Dr. Vincent Churchman. The officers elected were: President, Mrs. George Lounsbury; vice-presidents, Mrs. Mary Carpenter, Miss Emma Vernon, Miss Evelyn Walker, Miss Mary Gaule; secretary, Mrs. M. J. Steele; treasurer, Miss Loretto McGrail.

**Indiana.**

The State Society of Superintendents of Training Schools held its annual meeting in the reception rooms of the Protestant Deaconess Hospital, Indianapolis, October 3d, Miss Florence Martin of the City Hospital presiding.

The Indiana State Nurses' Association held its eighth annual meeting in the Y. W. C. A. Building, Indianapolis, October 4th and 5th. Among the papers of interest which were presented were: "The Nurse in Obstetrics," "The Role of the Trained Nurse in Modern

Gynecology," "The Nurse in the Free Dispensary," "The Nurse in Tuberculosis Sanitarium," "The Nurse in the Pure Milk Commission," "The Nurse in Public Parks and Playgrounds," and "The Nurse in College Residence."

The Indiana State Board of Examiners of Nurses will hold an examination on Wednesday and Thursday, Nov. 16th and 17th, at the State House, Indianapolis.

**Minnesota.**

The Minnesota State Nurses' Association held its annual meeting at St. Paul, October 11th.

The annual meeting of the Hennepin County Graduate Nurses' Association, Minneapolis, was held September 14th, at the office of the Nurses' Registry. The Registrar, Dr. Marion A. Mead, gave a very interesting report. The total calls for nurses in the year were 2,185.

The Ramsey County Graduate Nurses' Association held its first regular business meeting following the Summer vacation at the home of Miss Mary Wood. The newly elected president, Miss Anna Nallough, was in the chair, and the session was given over entirely to business discussion.

St. Luke's Hospital, Duluth, graduated a class of nurses September 25th. The following received diplomas: The Misses Margaret Dundas, Ethel Alexander, Emma Anderson, Elma Van Every, Mary H. Dryden, Beatrice Cox, and Elizabeth Heikkela.

**Michigan.**

The Supreme Court has ruled that Miss Alfreda Gilchrist is not properly qualified under the terms of the nurses' registration act to serve on the Board of Examiners. Miss Gilchrist was appointed by Governor Warner. Her appointment was contested by the Nurses' Association, and was carried to the courts.

Butterworth Hospital, Grand Rapids, graduated a class of ten nurses on the evening of September 21st. They are: Miss Ethel Bowen, Miss Permelia Russell, Miss Jean Donahue, Miss Alvina Buher, Miss Petronalla M. Jongejan, Miss Ella Cuntz,

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Miss L. Laura Nott, Miss Sara B. McCallum, Miss Elizabeth L. Sherk and Miss Susie A. Brown.

The Michigan State Board of Registration of Nurses will hold a meeting for the registration and examination of applicants December 1st and 2d, 1910, at Lansing.

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Kansas.

The Harrison Hospital of Chanute, which was established in 1906 by two nurses, Miss Harrison and Miss Chapple, moved into larger and better quarters September 1, 1910. They now occupy a sixteen-room house, partially built for a hospital, and equipped with a hot water heating plant. Though not an entirely up-to-date hospital building, it is quite conveniently equipped and excellent success has attended the work. Three hundred and sixty-five patients have been cared for, 110 in the last year and sixty-six in the last six months. The nurses feel that their pioneer work has not been in vain.

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California.

Miss Theresa Ericksen, a graduate of the Northwestern Hospital, Minneapolis, Minn., has been appointed superintendent of the St. Caroline Sanitarium, at Redding, Shasta County. Miss Ericksen has a staff of three graduate nurses. The sanitarium is a thoroughly modern, well equipped building, concrete throughout, and very attractive, being built on the old mission style, the details of which have been carried out even to the furnishings, except in the operating and sterilizing rooms.

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Birth.

A son to Mr. and Mrs. Jesse Hubbard, Sioux City, Iowa. Mrs. Hubbard was formerly Miss Bucknam, a graduate of the Chicago Hospital.

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Married.

Miss Emma L. Carey, a graduate of the Vassar Brothers' Hospital Training School, of Poughkeepsie, N. Y., has recently quit the nursing profession and taken up the duties of housekeeper. On Aug. 3, at Westmoar, Pa., Miss Carey was united in marriage to Mr. Edward L. Schrauth, by the Rev. W. J. Day, of the Luzerne Presbyterian Church. The

bridal party entered the parlor to the strains of Lohengrin's Wedding March, played by Miss W. B. Berry, of Forty Fort. "Oh, Promise Me," was rendered during the ceremony. The bride was attended by her sister, Miss J. Agatha Carey, as bridesmaid, and Miss A. Luchia as maid of honor. The groom's best man was George G. Kramer, of Westmoar. The bride was given away by her mother, and was attired in ivory white satin trimmed with lace and crystal. Her maids were attired in blue liberty satin. The groom's gift to his bride was a diamond crescent brooch, it being the only piece of jewelry worn by the bride. The bride was a member of the class of 1902, and has successfully followed her profession in Poughkeepsie for the past ten and one-half years. Mr. Schrauth is the senior member of the famous J. Schrauth's Sons, of Poughkeepsie, N. Y., and a well-known business man. After a wedding trip of six weeks Mr. and Mrs. Schrauth returned to a furnished house, and will be at home to their many friends after Oct. 1. Mrs. Schrauth has many friends who join in wishing her and her husband much joy and a long wedded life.

At the home of the bride's parents, in Ossian, Iowa, Sept. 21, Miss Floy Gilbert, to Dr. Will Bryan, late of the nursing and medical staff of the Clarinda State Hospital, Iowa. Both Dr. and Mrs. Bryan have resigned their positions, and will be at home to friends at Creston, Iowa.

Miss Mary M. Wilson, of Centerville, Md., a graduate of the Presbyterian Hospital, Philadelphia, was married, Sept. 7, to Dr. Jacob W. Bird.

At Clayton, Mo., Sept. 12, Miss Gertrude E. Lowery to Mr. George F. Horn.

At Pittston, Pa., Oct. 1, Miss Ida Henschall to Mr. Charles Forstrom. Mr. and Mrs. Forstrom will reside in Scranton.

Miss Stella Phelan, of Elkader, Iowa, graduate of Mercy Hospital, Dubuque, to Mr. Martin C. Meehan, of East Waterloo, Iowa.

Miss Margaret Arkley, of Barre, Vt., to Mr. Thomas Kennedy, of Putnamsville.

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On Sept. 22, Miss Edith M. Bailey, of Rome, graduate of St. Luke's Hospital, Utica, to Mr. Albert F. Kessler, of Utica.

On Thursday, Oct. 6, Miss Lela Johnson to Rev. Elsworth Morgan, at Brownsville, Texas.

On Sept. 14, at St. Ignatius Church, Dubuque, Iowa, Miss Rose Gneinder, of Spokane, to Mr. Mathew J. Nolan, of Lamont, Iowa.

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Personal.

Miss Della Weeks, a well-known army nurse, of Des Moines, Iowa, who was connected with the Fifty-first Iowa Regiment during the Spanish-American War, accompanied the Iowa G. A. R. veterans to the National Encampment at Atlantic City, acting as chief nurse to the staff of the Department Commander and caring for the sick who might need her services among the comrades and ladies of the Relief Corps on the trip and while at the encampment.

Miss Rachel Rourke, of Philadelphia, Pa., has accepted the position of superintendent of the Anderson County Hospital, Columbia, S. C.

Miss Leila V. Jones, for some time superintendent of nurses at Roper Hospital and Riverside Infirmary, has tendered her resignation.

Miss Maud Robertson has been appointed superintendent of nurses at the State Hospital, Scranton, Pa.

Miss Mary Collett has been appointed head nurse at the Women's Southern Homeopathic Hospital, Philadelphia.

Miss Anna McCann has been appointed supervising nurse at the Homeopathic Hospital, Reading, Pa.

Miss Mary Murry, Class '05, Elliot City Hospital, Keene, N. H., has accepted a position with the Instructive District Nursing Association of Boston.

Miss Ingeborg Hintze has taken charge of Drs. Wood and Woods Sanitarium at Hubbard, Texas.

Deaths.

Miss Agnes Beach, of Shelby, Ohio, a graduate of Lakewood Hospital, died Oct. 3 of heart failure.

Miss Mary Scheffner, of the Allegheny General Hospital, died suddenly, Sept. 18, of heart disease.

Miss Bessie Carter, of Kingston, N. Y., was killed in an automobile accident at Dashville Falls, N. Y., Oct. 3.

Miss Ida Sabin, a nurse at the El Reno Sanitarium, Oklahoma, died at that institution Sept. 26, of typhoid fever.

Mrs. A. O. Stauffer, a U. S. Army nurse during the first occupation of the Philippine Islands, died in September at Muskegon, Mich., after a two years' illness of tuberculosis.

Miss Mannie Olive, a trained nurse, of Dallas, Texas, died Sept. 17.

Miss Lillian Barr, operating room nurse at the Syracuse Homeopathic Hospital, died at that institution in September. Miss Barr was stricken with typhoid fever, and for a time seemed to be improving, but suffered a relapse.

Miss Mona I. Gibson, a trained nurse, of Manchester, N. H., and Dr. Oren Dages, of Ohio, were drowned by jumping from a boat into water beyond their depth at Fort Pond, near Littleton. Miss Gibson and Dr. Dages had both been connected with the Boston Floating Hospital.

Miss Ella White, for the past sixteen years an efficient nurse at the Soldiers' Home, Dayton, Ohio, died at St. Elizabeth's Hospital, Sept. 26.

On Sept. 29, at Bradford (Pa.) Hospital, Miss Cleo August, a member of the training school class, passed away. The cause of death was spinal meningitis and typhoid fever.

Mrs. Eliza V. Ramsey, a well-known and respected trained nurse, of Richmond, Va., died suddenly Sept. 6. She was the wife of Dr. P. R. Ramsey, and was first vice-president of the Colored Visiting Nurses' Association.

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Acknowledged to be the best for all toilet soap uses. Recommended by physicians and nurses everywhere for its positive purity and healing qualities.

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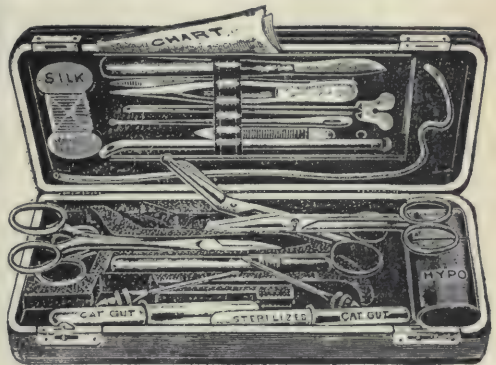
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Excellent Results.

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A Timely Suggestion.

Prompt action is often necessary and many times trouble and expense can be saved by remembering that little bottle of Cabot's Sulpho-Naphthol. Its healing qualities have long been acknowledged by physicians and its use is highly recommended.

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Successful in Typhoid Fever.

Horlick's Malted Milk, unlike plain cow's milk, forms fine, flaky curds in the stomach that are digested without the least distress.

On account of its assimilable properties little or no residue is left to accumulate in the intestinal tract, to form a nidus for further bacterial growth.

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The headache of the overworked business man, or headache caused by indigestion, dyspepsia, constipation or nervous disorders are speedily relieved by taking Horsford's Acid Phosphate. It acts as a tonic, can be taken indefinitely without harm, is not depressing and will relieve the most obstinate forms of headache.

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Resinol.

It is now over two years since I first started to use Resinol Ointment. I am greatly pleased to say that it has never failed to do excellent work. I take this opportunity to thank you for the samples sent me from time to time and also for bringing Resinol to my attention.

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In all forms of blood dyscrasia, as indicated by skin disorders, bad healing power and general debility, Echthol often proves effective

when other treatment fails. It quickly raises the antitoxic and so-called opsonic power of the blood, increases the resisting power of the tissues and thus minimizes the dangers of bacterial attack.

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These tablets are exceedingly *palatable*. Children take them without protest and even eat them with avidity; an accurate quarter-dose may be readily broken off, but it should be borne in mind that children sometimes require as large doses as do adults. In chronic constipation it is well to give a small dose three times daily.

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Glyco-Heroine (Smith) may be administered for an indefinite length of time without any depreciation in its curative properties and without the induction of a drug habit. It is of especial value in the treatment of pulmonary phthisis. It is pre-eminently superior to all preparations containing codeine or morphine.

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A borax acid solution is extremely beneficial; it can be used externally, or in every cavity of the body, wherever disease or germs are present. An excellent remedy for a sore mouth is a tablespoonful of powdered borax to one ounce of honey, applied frequently. Borax and alcohol make a very efficacious remedy for mouth and throat affections.

Borax solution, 7 per cent.

Alcohol, 3 per cent.

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Gentlemen—Inclosed please find 25 cents in stamps, for which send me a box of Mystic Cream. I used the sample you sent and must say it is one of the best preparations on the market to-day.

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Dust and dirt accumulate in the pores of the skin. Hence, before going out, wipe off the face and neck with Daggett & Ramsdell's "Perfect Cold Cream." Then dust lightly with rice powder, or something equally harmless, and upon returning remove the possible accumulations in the same manner. Daggett & Ramsdell's "Perfect Cold Cream" is the kind used by discriminating women.



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The anemia should be combated at once by means of hematinic and general reconstructive medication. As a prompt and potent blood builder Pepto-Mangan (Gude) is probably the most generally serviceable form of treatment and it is especially indicated because it never disturbs the digestion, which is liable to be somewhat "below par" in cases of post-malarial anemia.



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Grape-Nuts, the pioneer in prepared breakfast foods, holds its own as the years go by, and the steadily increasing sales show the sturdy worth of this now world-famous food. Made of whole wheat and barley (malting), it contains, in a highly assimilated state, the valuable food elements of these two great cereals, including the phosphatic salts, for the most part eliminated from white flour.



Nurses' Supplies.

If you have not yet sent for The Valzahn Company's catalogue of nurses' supplies, you have neglected your best interests. Their address is No. 1629 Chestnut street, Philadelphia, Pa. This progressive rolling chair, invalid rolling chairs, invalid carrying chairs, fracture beds, typhoid bath tubs, hot-air apparatus, oxygen apparatus and "Ideal" infant incubators.



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A most delicious Neufchatel or Cream Cheese can be made from pasteurized milk or cream by adding a fraction of a crushed Hansen Junket Buttermilk Tablet, say one fourth of a tablet to a quart, at the same time when the dissolved Junket Tablet is stirred in.

By this process the lactic acid bacteria which are essential in making this cheese, but which

along with other non-essential or even harmful bacteria are destroyed by the pasteurization, are restored and a perfect product is obtained.



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Send your plans to us and we will make a wiring diagram for complete installation of The Sturm Signal System.

These relays are sold outright, and fully guaranteed by The Relay Signal Company.



The Acousticon.

In using the acousticon it is not necessary to speak directly into the transmitter to enable the user to hear, as with trumpets or speaking tubes. The sound receiver collects sound from all reasonable distance and carries it to the ear, forcing the ear functions to vibrate in the exact way in which nature intended. It is not necessary to shout. Ordinary speaking tones are carried to the deaf person in exactly the same volume in which they are given, and are plainly understandable by him.



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All the formulas are known, and the United States Chemical Company does not manufacture anything of a proprietary nature. This is one of the few concerns in the United States manufacturing antiseptic and disinfectants which are in conformity with the State Boards of Health and Government officials. All goods bearing the stamp of The United States Chemical Company are of the highest quality obtainable and guaranteed.



Important Legal Decision.

The Liebig's Extract of Meat Company of London, makers of the celebrated Liebig's Extract of Meat, has gained an important victory in its suit against the Liebig Extract Company, of Hudson and Thomas streets, New York City, by the decision recently handed down of the United States Circuit Court of Appeals for the Second Circuit.

The principal issue was as to the right of

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1908 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and co-ordination exercises.

The instruction will occupy about seven months, beginning in October, 1909. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. C. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechano-therapy or separately.

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the Liebig Company of London to exclusive ownership in the name "Liebig," and the Appellate Court has now given a decision, with heavy costs, against the Liebig Extract Company of New York, and enjoins that company from using the word "Liebig" in connection with the sale of extract of meat. This decision is final and not subject to further appeal.

+

Nurse, Remember.

Dioiburnia is the most efficient uterine tonic, alterative, anti-spasmodic and anodyne, indicated in anemia, parturition, leucorrhea, menorrhagia, subinvolution, dysmenorrhea, miscarriage, vesical tenesmus, diarrhoea, dysentery, chlorosis, ovaritis, cholera morbus, climacteric diseases, endometritis, uterine engorgement, metrorrhagia, prolapsus uteris, threatened abortion, puerperal convulsions, vomiting or pregnancy, relaxed condition of the uterus.

+

Double Fudge.

Two cups of granulated sugar; one-half cup of cream; two squares of Baker's Chocolate; one tablespoonful of butter. Boil seven minutes; then beat and spread in buttered tin to cool.

Two cups of brown sugar; one-half a cup of cream; one teaspoonful of vanilla extract; one cup of walnut meats, chopped fine; butter size of a walnut. Boil ten minutes; then beat and pour on top of fudge already in pan. When cool, cut in squares.

+

Can You Write a Prize Letter?

If so, you will be interested in the competition which is announced in our advertising columns by Messrs. Meinecke & Co. This enterprising firm of hospital specialists offers ten prizes of \$5.00 each, and twenty prizes, consisting of one of their Progress Thermometers in case (advertised at \$1.00), to those nurses who send them the best letters describing the merits of the "Perfection" Bed and Douche Pan, and giving the reasons why nurses should recommend it to their patients. To those nurses who are acquainted with the "Perfection" Bed Pan (and there are few who are not) the competition should not present any features of difficulty. An interesting point in connection with the competition is that it is confined solely to nurses.

School of Massage.

The School of Medical Gymnastics and Massage, established 1908, begins its Fall course September 6. The Anatomy and the Practical Training are under Dr. Holms' personal direction. Dr. French lectures on Physiology and Pathology. The hospital, as well as school clinics, give the pupils ample opportunity to gain a thorough, practical knowledge of massage in all its branches. All communications should be addressed to Gudrun Iga Holm, M.D., 61 East Eighty-sixth Street, New York City.

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In Typhoid and Bilious Fever.

If it be true that the materies morbi of these diseases belong to the bacillus group, the remedies manifestly are an antiseptic and an antipyretic. As an intestinal antiseptic we have nothing better than salol. When we add the antipyretic and anodyne effect of antikamnia, we have a happy blending of two valuable remedies, and these cannot be given better than in Antikamnia and Salol Tablets; each tablet containing two and one-half grains antikamnia and two and one-half grains salol. The adult dose is two tablets. Always crush before administering, as it assures more rapid assimilation.

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Recent Research Abroad.

Europe, the recognized centre of the world's health resorts, where thousands of Americans go annually to regain their health, has been visited again this year by the Superintendent of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, of Philadelphia, for the purpose of gathering up-to-date ideas in the line of Mechano-Therapy.

Mr. Walter attended the clinics at the leading Medico Mechanical institutions of Berlin, Hamburg, Frankford, Breslau, etc., under the guidance of well-known specialists. The apparatus purchased and the new forms of treatment learned abroad will again make a valuable addition to the school's facilities for instruction in Massage, Gymnastics, Electro- and Hydro-Therapy, and will be included in subsequent courses beginning with the fall term, 1910. Second section of the fall class opens November 17th. The winter class, January 10, 1911. Illustrated particulars by addressing the superintendent.

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Home Treatment of Tuberculosis.

After the physician has outlined a well-ordered mode of living, there arises the question of an agent that will aid in tissue reconstruction and resistance to the disease. The physician takes into consideration the value of the remedy and the patient's ability to continue it for a sufficient period to derive results. Quite naturally he thinks of cod liver oil, but, generally, cod liver oil products quickly prove distressing to the gastric apparatus. A striking exception is the *Cord. Ext. Ol. Morrhuae Comp. (Hagee)*. It is just as potent a tissue builder as the crude product, and possesses added advantages in that it is palatable and agrees with weak stomachs and may be continued indefinitely.

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Hand-made, to fit the fingers exactly. Extra strong, but very thin.

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sterilized, but are so cheap it is not necessary. Introductory price to nurses, 50 cents dozen, postpaid.

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Hawaiian Pineapple Juice.

The absolute purity of Dole's Pure Hawaiian Pineapple, from which it is expressed Pineapple Juice and the delicacy of the ripe and bottled where grown, makes this juice as healthful and appetizing as it looks. It is good for the stomach and intestines; almost a specific in many throat troubles. Bottled in four sizes—quarter pints, half pints, pints and quarts—sealed with a stopper which requires no removing tool but the fingers, it is easy to handle anywhere. There is a loose flap in the metal cap which is simply lifted and torn straight down (twisting must be avoided) until the aluminum rim is severed and drops off, releasing the inner sealing cap. Dole's Pure Hawaiian Pineapple Juice tastes best when poured from the bottle just out of the refrigerator into a thin glass half full of shaved ice.

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The Smith Solitaire Board.

The "Smith Solitaire Board" was originally designed for a patient who was in a plaster cast, and obliged to lie flat on his back. It can be used in almost any position. Leaning back in a chair, or reclining on a lounge, it can be used out of doors as the cards are held in position, and are not disturbed by even a stiff breeze. Yet it can be moved with ease. It is ideal for the deck of a steamer.

As a means of entertainment during convalescence, it leaves little to be desired.

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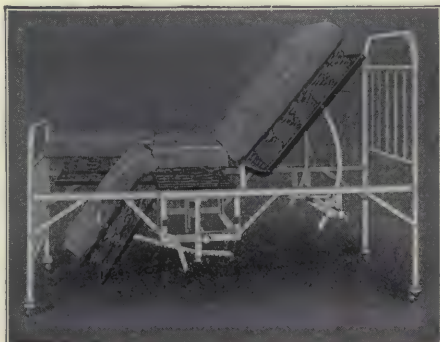
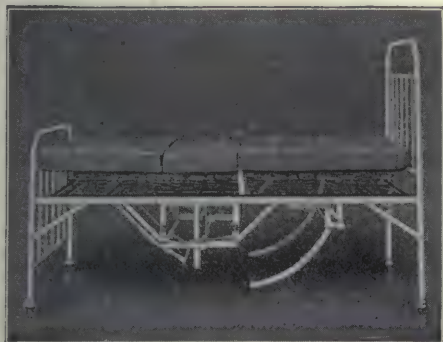
Cod Liver Oil.

The New International Encyclopedia says: Cod Liver Oil is one of the most valuable therapeutic agents. The benefit derived from it in diseases associated with loss of flesh cannot be over-estimated. It is given in tuberculosis, rickets, chronic eczema, in many nervous diseases and in general feebleness.

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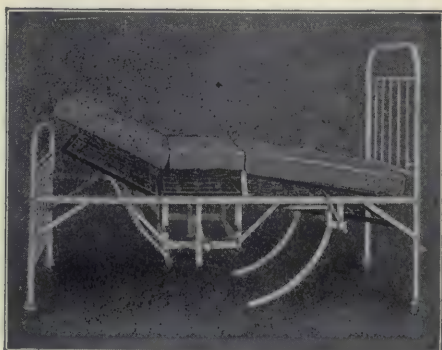
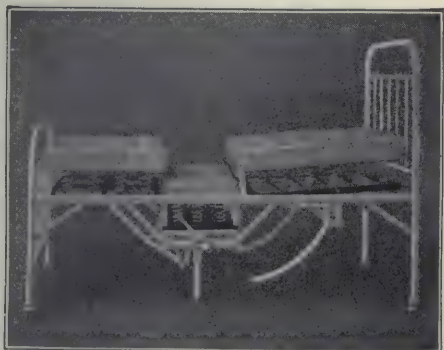
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A monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

LAKESIDE PUBLISHING COMPANY
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TO CONTRIBUTORS.—We pay liberally for all Original Articles.

Exclusive publication must be insured to all contributions offered to the Editors. Rejected manuscripts will be returned if stamps be sent for this purpose.

Exclusive publication not required for contributions to Nursing World Department.

Illustrations for articles are particularly solicited. All expense for drawings, plates, etc., will be borne by the publishers.

No responsibility is accepted by the Editors or publishers for the opinions of contributors, nor are they responsible for any other than editorial statements.

Books and monographs will be reviewed promptly.

Short, practical notes upon personal experiences or brief reports of interesting cases, with results from remedies, new or old, will be welcomed.

The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

Book Review.

(Continued from page 322.)

Obstetrical Nursing for Nurses and Students. By Henry Enos Tuley, A. M., M. D., Professor of Obstetrics, Medical Department University of Louisville; Visiting Obstetrician and Lecturer on Obstetrics to Training School for Nurses, John N. Norton Memorial Infirmary and Louisville City Hospital; Member Sloane Maternity Hospital Alumni. Price \$1.50, post paid. For sale by the Lakeside Publishing Company.

The first edition of this little book was published in 1902, in response to the demand for an outline of the subject covered in a series of lectures delivered before the training schools for nurses of the John N. Norton Memorial Infirmary and of the Louisville City Hospital, and was at that time given very careful consideration in our columns. Owing to the fact that the publishers of the first edition have discontinued the publishing of books and the original plates were destroyed, it became necessary to reset the type, and advantage has been taken of this necessity to completely revise it and to re-write a large portion of it.

The need of a book of this kind for the undergraduate nurse to aid her in a full understanding of the class work in obstetrics is obvious. The graduate nurse will find it a great help in refreshing her mind upon many points, and as the author thinks that obstetrics have no attraction for the average graduate, he has endeavored to make the text as attractive as possible. Only so much has been included in the book as to enable the nurse to intelligently care for these cases, and not merely look upon it as routine or machine-like work. The whole subject has been systematically covered; the anatomy of the female, physiology of the sex, embryology, pregnancy, labor, the puerperium and the child are carefully discussed in detail. A feature which will be appreciated is the very complete glossary of obstetrical terms which has been included. There are 246 pages of text matter in the book, together with a large number of illustrations.

DESPITE the fact that the therapeutic value of Ergoapiol (Smith) is so decisively established that it is now the most extensively employed agent of its class, it is worthy of mention that the superiority of the product is due to the special form of its chief constituent, apiol, and the excellent quality of its other components.

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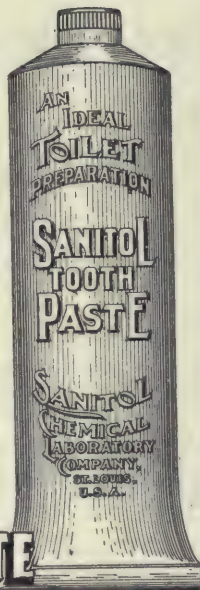
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NO. 6.

Hospital Accidents*

FRANK T. LODGE, Attorney, Detroit, Mich., and

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THE word accident means different things to the legal and the lay mind. To the lawyer it means an injury or unexpected happening which is not caused by the carelessness or negligence of any person. The non-legal mind generally includes under the term accident injuries which are caused by someone's recklessness, carelessness or negligence. It is in the non-legal sense which we will consider the subject of hospital accidents.

It is a general principle in law that any person of legal age and in full possession of his faculties, whose carelessness or negligence causes injury to another, is legally liable for all such injuries. The touchstone of the injury in each case is the presence or absence of negligence which directly produced the injury. If present, liability attaches; if absent, it does not. Of course, courts and lawyers make many refinements and distinctions in their consideration of particular cases, but the foregoing principle still obtains.

In the eye of the law, corporations are legal persons, and have most of the rights, duties and liabilities of natural persons. Nearly all hospitals are corporations, and subject to the exception

hereinafter mentioned—they are liable as are other corporations. Of course, if a hospital is not incorporated those natural persons who own and operate the hospital are liable in their own persons for negligence, exactly the same as if their negligence had occurred in some other line of work.

Another principle of the law of negligence is that a person is liable for the negligent acts of his agents, servants and employees when the latter are acting in the ordinary scope of their employment.

For instance, the owner of a trucking firm whose driver carelessly injures another is liable for that driver's negligence. A steam or railway company whose employees carelessly injure another are, as a general rule, liable for such negligence. We would, therefore, naturally expect it to follow, since hospitals are corporations, that such corporations would be liable for injuries to patients or others directly caused by the negligence or carelessness of the employees of the hospitals. As a matter of fact, however, this is not generally the case.

The altruistic principle is the constantly increasing characteristic of advancing civilization. That civilization

*A paper read at the convention of American Hospital Association, St. Louis, Sept., 1910.

is, as a rule, the farthest advanced which most thoroughly inculcates and enforces that tender and loving regard for the comfort, convenience and happiness of others, which is the vital principle of altruism.. It, therefore, naturally follows that, as the care and healing of the sick and suffering is the highest type of altruism, the constant tendency of all progressive civilization is to prevent sickness and suffering if possible, or to afford every safeguard and encouragement to its treatment and cure.

Instances of this principle in legislation, in the decisions of the courts, in the canons of public opinion and in private habits of thought are too numerous for us to attempt to give more than one or two illustrations. A most striking example is afforded by the constantly broadening interpretation given by our courts to the so-called police powers of municipal, State and national governments. Our forefathers would have risen up in armed revolution had the government of their day attempted to prescribe the weight of a loaf of bread, what ingredients must or must not be incorporated in it, what must and what must not be done with ashes, slops, garbage, etc. But in these days of advanced twentieth century civilization we gladly submit to these governmental invasions of private rights; we point with pride to garbage, smoke, icy sidewalks, ashes and other city ordinances, and hail with approval those who made possible our Pure Food Act.

The medical profession has shared in this increasingly careful public scrutiny. To-day the government requires a greater degree of knowledge and skill for the practice of medicine than ever before in the history of the world.

Private beneficence as an aid in the

treatment and care of the sick, suffering delinquent and defective has kept pace with the trend of public legislation; indeed, it has led the van. Hospitals for the treatment and cure of the insane, the crippled and the feeble-minded were at first supported entirely by private philanthropy. This finally so impressed public opinion that nearly all our State legislatures have put these truly beneficent and altruistic institutions under the care of the State.

Hospitals for the treatment of the sick also share in this kindly consideration of the law; and where a hospital is organized for any other purpose than for purely private gain the protecting shield of the law is thrown around it in many respects—notably, in that of responsibility for injuries caused by the negligence or carelessness of hospital employees. In these so-called eleemosynary or charitable institutions an exception is made by the law from the general principle of legal liability for negligence above mentioned, and such institutions are not held by courts of law to be liable for such negligence. This exemption from liability is not affected by the fact that some patients, or even a large number of patients, are required by the hospitals to pay for their care and treatment. Such payments are regarded as incidental and much welcomed additions to the original charitable fund; and the policy of the law is that the nobility of the original charity entitles the original fund, together with these incidental accretions, to be preserved entire and not to be exhausted, or even depleted by large drafts which would be made upon it should it be held liable for the results of all negligent injuries caused by hospital employees.

After having stated this broad gen-

eral principle of legal exemption from liability, we may refer to one or two leading cases upon this subject.

In the case of *Downes vs. Harper Hospital*, decided by the Supreme Court of Michigan in 1894, the plaintiff's husband became violently insane from disease, and was taken to the hospital, where he was confined in a room especially arranged for such patients, having a framework of iron over the windows. The framework was not sufficiently fastened, and Downes was left alone for a time by the nurse in charge. He sprang from his bed, wrenched off the framework, jumped from the window and was killed. The trial court directed a verdict for defendant because the defendant was a charity, which could not be liable for such injuries. Mr. Justice Grant, in a very carefully considered opinion, sustained the action of the trial court, laying down the principles to which we have referred.

In this case the Supreme Court expressly refrained from giving an opinion as to whether the trustees of the hospital might be held liable for the negligence of the nurse.

In 1901 the case of *Pepke vs. Grace Hospital* was brought to the attention of the writer. A little boy, eleven years old, was stealing a ride upon a moving freight car. Jumping from the car his hand struck the rail, and the wheel passed over it, crushing the bones of the hand and causing a compound, comminuted fracture. He was taken to Grace Hospital by the railroad authorities, and at the same time word was sent to his parents. His mother telephoned the hospital authorities to get her family physician and to do nothing until she or the father came there. The family physician reached the hospital

two hours after the boy. Before he arrived the hospital physician, deeming it inexpedient to wait longer for him, prepared to amputate the arm between the wrist and elbow.

The family physician reached the hospital just before the first incision was made, and after an examination decided that most of the hand could be saved, and that it was necessary to amputate only three fingers. The hospital physician, however, against his remonstrance, proceeded with the operation. The father saved the amputated hand and arm, which bore evidence of mutilation with the apparent attempt to conceal its sound condition.

The writer refused to prosecute the case, relying upon the general legal principles laid down in the *Downs* case cited. The father consulted other lawyers, who, relying upon the expression of Mr. Justice Grant in the *Downs* case, sued the trustees of the hospital as well as the corporation. Again the trial court directed a verdict for the defendants, chiefly upon the grounds that, the defendant hospital—being a charitable institution—neither it or its trustees were liable for the negligence of its employees. The case was appealed to the Supreme Court, which sustained the decision of the trial court, Mr. Justice Grant again writing the opinion in which he laid down the general principles to which we have referred.

These two cases have been followed and approved by many of the Supreme Courts of other States, and the doctrines therein announced may now be considered the law of the land.

Of course this exemption from liability from negligence does not extend to the careless employees themselves. They are liable for their negligence, as in

other cases of negligence. The only practical difference is that such employees are nearly always without means, and the patient injured through their carelessness may be considered as practically without redress.

The ethical and moral aspect of the question is often of as much importance to the hospital as is the legal side, since an accident for which a hospital was not legally responsible may be far more damaging than one which has caused a lawsuit.

The very conditions of hospital life render accidents probable. We deal with people who are not normal, and who have, for the time being, no personal accountability. Our employees, both servants and nurses, have to learn to adapt themselves to these abnormal conditions; they have, in short, to become accustomed to the unusual. We deal not with things as they ought to be, but with things as they are, while the public, at the same time, makes scant allowance for human frailty, and holds that the hospital's very existence should be a guarantee of the welfare of both patients and employees.

We Americans are not averse to risk. We build and plan and live with the idea of taking a certain number of chances, and the infrequency of serious accidents makes us willing to continue the practice. This spirit may be permitted in the individual, but is hardly the thing for an institution whose avowed object is the saving of human life. Prevention of accidents may mean the expenditure of many dollars and much time, but the object is surely a laudable one.

The matter of safe buildings is one which every hospital board should bear in mind. If an unsafe condition exists no superintendent should stop with once

or twice telling, but should persist till the matter is remedied.

Fireproof buildings are, of course, desirable, and if a new building is erected a reasonable amount of money should be spent in securing this construction.

As an actual fact, however, far more fires occur from defective chimney-flues, illy-protected or cheap electric wiring, inflammable material near stove pipes, or from the carelessness of employees than from lack of fire-proofing.

The average fire escapes may be mentioned as one of the most ineffective of protections. Very many of them are so placed as to be quite useless, being accessible only through a bathroom or private room, opening from a window, or, possibly, unmarked, so that even employees do not know where they are. Some of them are of such form that only an athletic person could use them. The toboggan slide variety is about the only kind really practicable for removing sick patients quickly from a building.

While serious fires are not common in hospitals, chiefly because there is pretty constantly some one on duty in every part of the building, an alarm of fire or a slight blaze may have almost as serious consequences as though the disaster had actually occurred. It is for this reason that every hospital should have a fire drill instituted, and it should be practiced often enough to be well in mind. It is useless to include in this drill the average servant who comes and goes with such regularity, but it should take in the engineers or night watchmen (who are likely to be more or less permanent) and the nurses. Some institutions have used, instead of the regulation drill, a lesson to be learned verbatim, and recited as often as once a month; such a lesson, consisting of the first thing to do in case

of fire; the second thing, the "next thing," and so on.

Nurses especially should be taught to distinguish between a fire they may easily put out by their own efforts and one for which they must call assistance. This one point, well drilled, saves valuable time in an emergency.

Elevator accidents are among the commoner ones. They are usually serious, often fatal, and ordinarily the result of carelessness. The automatic elevator seems nearly to have proven that such accidents can be avoided. These elevators cannot be made to move unless doors are tightly closed and everything as it should be, making practically impossible any accident except the actual breaking of a cable. They cost a little more to install than the ordinary kind, and need frequent repairs, but they save the wage of an elevator pilot. It seems hardly justifiable for so many good hospitals to maintain their old-fashioned lifts, taking more or less risk each day that they run. Certainly no new hospital can be excused for neglect in this matter.

It is a very common thing for patients to fall or jump from windows, and up to the present time not much has been done toward preventing it. We know that any delirious person is liable to this accident, yet we continue to take the chances with no more than a casual warning to a nurse to "watch him closely." As a matter of fact, many of these tragedies have happened when a nurse was present, and it would appear that the safeguarding of the windows is the only efficient protection. At least a few rooms on each floor could be fitted with guards properly fastened, or the windows could be furnished with wire glass.

Anaesthetic accidents are no longer

classed as unavoidable, and a hospital where they occur with any frequency is deserving of censure. The system of allowing unsupervised internes to give anaesthetics is rapidly passing into disuse, and cannot be much longer maintained by any good hospital. The small town or country hospital, which has no regular anaesthetist, but allows any graduate physician to act in this capacity, has an extremely difficult situation to deal with. Fortunately for the institution the physician is usually held responsible.

Deaths due to the carelessness, negligence, or incompetence of physicians might be mentioned in this connection. While a hospital is not accountable for these things, there are instances when it seems as though some action should be taken to exclude doctors who have an excessive number of these "accidents." The superintendent should put the matter plainly before the board and allow them to decide whether the hospital shall be run on the "open" or "closed" plan. Local conditions differ so widely that no outsider can judge of the best course to pursue. The utmost care should be exercised to be sure that facts are not exaggerated and that prejudices are not considered.

Accidents due to the spirit of taking chances, otherwise called incompetence, negligence, or carelessness, are many and exasperating. How to deal with them is the problem which confronts us continually, and will until all men do exactly as they should under all circumstances. Just how far we may overlook human frailty, and just how much risk we may ask our patients to take because of it, is the vital question.

We must protect ourselves and our patients by keeping the number of habitually careless employees as low as pos-

sible, bearing in mind that we shall be less criticized for getting along without help than for employees who are incompetent. Most of us prefer to take the chance of a careless employee than to let work go undone, but if the public takes the opposite view, we can hardly afford to ignore it. If we make it a principle of selection that carefulness and thoroughness are desirable above speed or brilliancy, it will aid in keeping our household in safety and comfort. Not until those who work for us find that dismissal follows a wilfully negligent act will we be able to keep them up to a reasonable standard. With nurses we can hardly draw the lines too closely. No nursing, rather than careless nursing, is the only safe rule.

In this connection we should lay aside the distinction so often made between an act which had serious consequences and one which had not. The simple fact that no great harm resulted from a careless act is not an extenuating circumstance and should not be so considered. On the other hand, one may be somewhat charitable toward a serious accident caused by the deed of a person ordinarily careful.

We may take our choice of the two systems of preventing accidents from carelessness, the one which puts the responsibility on the system, the other which forces it upon the individual. For example, if each medicine bottle has its own particular place and its own characteristics (as rough bottles for poisons, brown bottles for drugs to be used externally, etc.), not much time or brains is supposed to be needed; while, if all bottles are exactly alike, if they are not arranged in any particular manner, or if their position is changed regularly, the nurse is compelled to look at least once

to know what she is getting. In either case there is still a chance for the human element, and failure is imminent if the system is not adhered to.

After all, system is the important feature in the prevention of hospital accidents. There must be a well-thought-out plan, adapted to the institution in which it is to be used. Obviously, the cumbersome red tape of a hospital of 500 beds is out of place in one of 50 beds, and just as plainly are the simple arrangements of a small institution inadequate to a large one. The class of hospital, kind of patients, arrangement of work, plan of building, number of employees, etc., have weight in the working out of any system which is successful. The point to be emphasized is the need of orderly arrangement, definite directions and strict enforcement.

Many accidents charged to negligence are really due to ignorance. The remedy for carelessness is dismissal. The remedy for ignorance is far simpler, and because of its very simplicity is the more often disregarded. Making rules is not sufficient. We must be sure that every employee has seen the rules, understands them, and knows that they are to be obeyed. Many mistakes occur because those in authority had told a few people about a thing and "supposed they all knew it." Small hospitals are especially prone to this sort of thing. We cannot afford, whatever the size of our hospital, to leave anything in uncertainty. Written rules, clearly expressed, conspicuously posted, and persistently enforced, are the least that we can do. To the nurses and the more intelligent permanent employees some explanation may be given as to why such and such things are demanded, but in the end the principle of



CHRISTMAS DAY AT HOSPITAL FOR SICK CHILDREN, TORONTO, CANADA.
(Girls' Surgical Ward.)

unquestioning obedience is the safest and best thing.

A very large number of the mistakes which nurses make are the result of their having been insufficiently taught. It seems axiomatic that a nurse should not be allowed to do a thing unless she knows how; yet over and over we permit accidents to happen from the violation of this principle. We are short of nurses and allow a probationer to measure out and give medicines of which she has never before heard. Is it her fault or ours if she makes a fatal mistake? We set a young nurse at preparing solutions without thorough drill in quantities and qualities. Is she to blame if she burns a patient with a half dissolved carbolic solution? We put a nurse with but a few months' training in charge of a paralytic and she burns him with a hot water bag. Shall we condemn her for carelessness when she did not know that he was liable to such an accident? We let a nurse care for a tuberculosis patient, a typhoid, or a specific case, leaving her with hazy ideas of the precautions she is to take, and she contracts the disease. Is she to be told that it was unavoidable?

We excuse ourselves for these occurrences by the plea that we are short of help and lacked the time to give instruction. This a chronic state of affairs in most hospitals and for this very reason ought to be more vigorously dealt with. If the superintendent of the training school has not the time to properly instruct her nurses, is not an injustice being done to both nurses and patients thereby?

Some accidents are apparently due to carelessness or ignorance on the part of the nurses; others may result from an insufficient force of nurses and conse-

quent overwork. The average nurse is reasonably conscientious and reasonably willing to do the work which is given her, but we know only too well how many hospitals put upon their nurses more work than can well be gotten through with. Some of us consider that a nurse must be worked to her limit in order to keep her up to the mark and to teach her to manage work. Most of us overwork our nurses because we cannot get or cannot afford to pay for enough help. This, again, is injustice to the nurse and a deliberate risking of the patient's life. Such a condition might be tolerated for a day or a week under pressure of circumstances, but when it continues month after month it can but lead sooner or later to grave disaster. If a superintendent cannot obtain help needed to give patients safe and sufficient care he is hardly honest if he does not inform them of the fact. He is certainly doing less than his whole duty if he fails to inform his board of existing conditions and insist upon some permanent and effective relief. We frequently blame our boards for not knowing that we need more help when we have given them no opportunity to see or know. Many of us are too timid or too proud to let our directors know the real state of things. Why there should be any virtue in one person's attempting to do the work of two, at the expense of a third person who is entitled to good service, is a question to which there can be no rational answer. Absolute frankness with his board is the only safe rule for any superintendent, and there are few boards which will not rise to the occasion and supply the proper help if the facts with all their bearings be accurately stated to them. And certainly no board which understands can, for any notion of economy, afford to risk

the reputation of the hospital and the safety of the patients.

Accidents due to the use of faulty appliances usually result in injury to an employee. In these cases, the least we can do by way of prevention is to require prompt reporting and immediate repair of all apparatus and equipment which is not in good working order. If for any reason the repairs cannot be made and the thing must be used, the one safe rule is that a sign shall be put up or a label attached stating the exact condition and giving warning.

When one undertakes the superintendency of a hospital, he assumes, among other things, the safeguarding of those under him. We must insure our nurses and employees proper conditions for work and living. For our patients, so long as we hold that a hospital is for the care of the sick, we must see that every care is given, and that care-ful-ness is the rule of the institution. We must create and foster that esprit de corps which will not tolerate anything but good equipment and incessant watchfulness.



ROCHESTER, MINNESOTA, STATE HOSPITAL.
Ward A-2, for Women, Alcove Sitting Room, Christmas.

Ethics and Deportment for Attendants on Mental Invalids

CLARA BARRUS, M.D.

ASSISTANT PHYSICIAN IN THE MIDDLETOWN STATE HOSPITAL, MIDDLETOWN, N. Y.

(Continued from November.)

DUTY to the Institution and to the Officers: You have become a part of the institution as soon as you pledge yourself to help carry out its aims. Pride in doing your part well and loyally are among your chief concerns.

To be loyal, you must inform yourselves as to what is expected of you, and then seek to fulfill these manifold duties faithfully and well. When not under the direct observation of your superior officers, a certain sense of honor and self-respect should make you exact even more faithfulness of yourself than at times when you know your work is being scrutinized.

A respectful demeanor should always be observed toward the physicians and other officers, and implicit obedience in carrying out instructions. If for any reason you are unable to carry out instructions, or if through neglect or carelessness you have failed to do so, do what you can to lessen your error by promptly confessing the same. A fault or mistake confessed is half redressed.

It is also your duty to seek to establish and maintain the patient's confidence in the physician. You must not allow yourself to express in word or manner criticism of your superior officers, whatever your personal opinion may be. Loyalty demands that so long as you serve under a charge nurse, or a physician, you observe the demeanor befitting the situation.

Details concerning your duties to the

institution will be found in your rule books, and in the various books on nursing, and in other lectures and practical ward instructions. Frequent reading of the rule book is a part of your duty. Your attention is called particularly to Chapters II., III. and IV. in "Nursing the Insane."*

Your duties to the institution require further that you bring no discredit upon it, either when you are about the hospital or grounds, whether on duty, or in your hours of recreation, or when you are away from the institution—on the cars, in the streets, shopping, at places of amusement, and the like. I wish to emphasize the point of seemingly demeanor on the street cars, in particular. It is a matter of great regret that some unthinking and ill-bred young women attendants have, from time to time, been heard to discuss in loud tones, between boisterous laughter, and gum-chewing, various hospital affairs which they have no right to mention outside the place; others have been heard to gossip concerning patients and employees, and physicians and their families; others to complain of their food, their charge nurses, and so on. Such conduct is reprehensible anywhere, but especially so on the street cars, where conversation is often heard with more distinctness by the other passengers than the speaker or her immediate listener dreams of.

Economy in the use of the State prop-

*By Clara Barrus, M.D.

erty and supplies, and in the care of patients' belongings, is a conspicuous duty.

Conscientious use of your time in the hours of duty for the work for which you are employed, is a matter that demands your thoughtfulness. You are still on duty when the ward work is done, at entertainments, and when attending patients at their employment; your time and talents should be used in the various ways called for, whether it be to divert, or amuse, or train to useful work, or to work with the patients, or for them.

Duties to Associates: Your duties to your associates are many and varied; they can be summed up in the observance of the Golden Rule, of doing to others as you would that others do unto you. Consideration, helpfulness, fairness, are things to keep continually before you.

If you have a roommate, you owe it to him or her to do your share of the work, keeping the room tidy, well ventilated, avoiding anything that could be objectionable to the other occupant of the room, and respecting the tastes of each other as far as possible. Refrain from appropriating, even temporarily, any of the belongings of your roommate, unless there is a perfectly clear and friendly understanding on both your parts, in every instance.

Respect for your charge nurse, a willingness to help him or her, and the other nurses and attendants in any way that you can, a real sharing of burdens, and a cheerful working together, patience with the weaknesses of fellow-workers, avoidance of discussing those weaknesses, refusal even to listen to gossip about them, a helpful spirit toward new, inexperienced, or backward attendants, and forgiveness toward unfriendly ones,

even those who have wronged you—these are some of the duties due your associates.

Much pleasure and profit would result if you and your associates would meet for the discussion and study of matters pertaining to your work, or for the study of things outside of it which will tend to enlarge your sympathies with life in general. Whatever healthily stimulates your interest in life, in humanity, in the beauty of the world, in any department of knowledge, whatever makes your perceptions keener, and your mental life more active, may be turned to good account in helping your patients; the working together toward this end develops a harmony among you, and a broad-mindedness that are indispensable in the true nurse, which, I assume, you all hope in time to be.

Duties to Yourself:

"To thine own self be true
And it must follow as the night the day
Thou canst not then be false to any man."

It is true that if we are true to our best selves, our conduct in all other relations will be as it should. Still, in the matter of personal habits and behavior, we will glance briefly at some essentials.

You owe it to yourselves to maintain the highest standard of health of which you are capable. Only in so doing can your most efficient work be done. Consequently, regular healthy functions must be maintained. Departures from these need prompt investigation and correction. Wholesome diet, frequent bathing, plenty of sleep in well-ventilated rooms, avoidance of injurious habits, and the securing of sufficient recreation—these are the means of getting well, and keeping well.

Something wrong in the health, insufficient sleep, an uneasy conscience—

these things reveal themselves in half-hearted work, in carelessness, absent-mindedness, irritability, and the like.

In addition to scrupulous bodily cleanliness which requires that all the details of the toilet be systematically performed—the hair, teeth, breath, ears, nails, receiving especial attention—the clothing needs always to be clean, well mended, and well brushed.

The prescribed uniform should be worn at all times when on duty. Pride in the uniform, and in the right to wear it, should make you shun any appearance of carelessness. No jewelry of any kind except the nurse's badge is permissible when in uniform. An exception is proper in the case of wedding rings, and plain collar pins. Jewelled side combs, fancy collars, earrings, bracelets, and the like, are out of place when in uniform, and give a touch of vulgarity that the refined nurse is careful to avoid. Any conspicuous or elaborate way of dressing the hair is not permissible when on duty. Comfortable shoes, with thick soles and low broad heels, preferably rubber heels, are a requisite of the properly-dressed nurse or attendant.

Chewing gum or tobacco are practices not allowed when on duty. Smoking is only permitted to men attendants in such places as are designated for the purpose. Drunkenness, or addiction to any drug, are causes for prompt dismissal from the service; likewise the bringing of alcohol on the premises. The considerate person will avoid the use of tobacco or strong perfumes to such an extent as would render him or her a means of offence to others. It is selfish to a degree so to pollute the air which others have to breathe, willy nilly, that they suffer from the disagreeable emanations from our bodies or clothing.

Punctuality, truthfulness, obedience, caution, and courage, are virtues especially called for in your work, the exercise of which you owe to yourselves since you have engaged in work of such a noble and unselfish character as that of caring for the insane.

You also owe it to yourselves to advance steadily in knowledge and efficiency, to make use of all the aids toward improvement within your power. In addition to the lectures and ward instruction, the nurses' library which the hospital supplies, and the journals devoted to the subject of nursing, you should each be on the lookout for every means that will add to your efficiency. Each attendant should be sufficiently interested in the work to buy for himself the books, and subscribe for the journals, which will aid him in his work. A workman needs tools; a nurse needs books, and helps of like nature, if he or she is to be a credit to the calling. Interest in current topics of the day, and in general literature, will add greatly to your general efficiency.

The attendant's duties to himself demand that a courteous manner be so much a part of his inmost self that he can never be betrayed into boisterous, coarse or unclean talk, whether on or off duty. On the wards, especial care should be exercised to speak in low, well-bred tones, to seek to keep noise always at a minimum by closing doors and windows quietly, walking with a noiseless step, by refraining from the rattling of dishes, the jangling of keys; by prompt attention to the telephone, door, and waiter bells; by the quiet and careful moving of beds and furniture, and in all other ways keeping the sum total of noise on the ward at the lowest possible point. Example is more potent

than precept here. I do not mean that on wards where able-bodied and convalescent patients are located there is not to be good cheer and a social time, but there is a vast difference between this and the noisy conduct I am urging you to guard against.

Nurses and attendants are expected to receive all visitors on the wards' standing, and to accompany them through the wards in the absence of the charge nurse or another acting in his or her stead.

Though remaining within call, always withdraw at sufficient distance to give

the patients a chance to speak alone with the physicians, if they so desire.

Especial care in the department of men attendants when visiting women's wards, or women on men's wards, should be exercised. A woman attendant's self-respect demands that she conduct herself to all such visitors and associates in a refined manner, however cordial she may be. It is not becoming to loiter in the basement, or on the stairways, or elsewhere, for a chat, or to call down the dumb waiters any other communications than those strictly within your duties.

(To be continued.)



AMERICAN MISSION HOSPITAL, SIVAS, TURKEY, IN ASIA.

The Tuberculosis Work in Buffalo

MABEL JACQUES.

TO each one of us, there has come at some time an awakening. As it comes to us individually, so likewise it comes to us collectively, and we find towns and cities having their awakenings politically, socially and hygienically.

Buffalo has already awakened to the necessity of joining the tuberculosis movement, fighting for the obliteration of this disease, which for years has been steadily gaining a foothold in this Northern city.

The real awakening began about the time of the International Tuberculosis Congress at Washington, in the Fall of 1908. Since then there has been steady and constant advancement in the development and scope of the work.

The first move was the opening of a dispensary at Fitch Hall by the Charity Organization Society. This work developed slowly, but showed, nevertheless, advancement.

In May of 1909 the Buffalo Association for the Relief and Control of Tuberculosis was incorporated, and further impetus was added to the work.

The Day Camp, which had been started the year previous, and the dispensary, were both taken over by this association, the latter furnishing the physician in charge, the dispensary rooms and supplies and the District Nursing Association giving the services of the nurses for the camp and dispensary, and providing the milk and egg diet in the homes when necessary.

Through the District Nursing Association also the home problem has been met with by means of the tuberculosis classes, a special nurse being obtained

by them to carry on these classes and give unlimited attention to their instruction and care.

Upon the eve of the opening of the Day Camp for the summer, we felt that we could look back upon the winter's work, if not with pride, at least with a partial feeling of satisfaction, knowing that great strides have been made, not only in the care of the patient, but also in the interest that has been aroused, the awakening to this all-important question, which so materially effects the lives of rich and poor alike.

An important feature of Buffalo's tuberculosis work is the development of its social side. This has been aided greatly by the Social Work Committee, which meets once a week at the office of the executive secretary of the association, and assists in the settling of many weighty problems which arise in connection with the treatment of tuberculosis.

There is, however, much room still for improvement, as compared with many other cities of comparatively the same size.

After years of work in the dingy alleys and courts of Philadelphia, fighting as best we could, in places where the sunlight never found its way, a disease, one of whose greatest enemies is sunlight, it seemed almost like a revelation to come to Buffalo, where there are no alleys and no courts, and although the snow storms seemed interminable and the sun shines at rare intervals only, yet there was space. What a great deal space means to us in this tuberculosis fight.

I must confess that I looked with amazement at the little houses on the East Side, with their gardens and verandas, and my amazement only increased when told that this was one of the poor sections of the city. It made me feel keen and alive to the possibilities of what conditions such as this would mean to the work, the possibilities that I felt sure the Buffalo people, accustomed, as they were, to these surroundings, did not realize the advantage of.

The people who lived in these houses were a more difficult problem to deal with.

The East Side of Buffalo, stretching as it does over many miles, is almost like a foreign city. One may travel through one street after another, and although one may meet many men and women and children, one hardly hears a word of English being spoken. It is a little Poland, where, except for the physician, nurse and insurance agent, few speak or understand the English language. It is, in fact, well called "Little Poland."

They have their own stores, their own churches, their clubs and amusement halls. Polish banks, real estate offices, lawyers, physicians, dentists and, I might add, saloons and poolrooms, the two latter not by any means in the majority. I feel also justified in saying here that the saloons and poolrooms are two of Buffalo's worst enemies in her fight against tuberculosis, as doubtless they are to a certain extent in every other city.

I found the Poles an interesting study, the strong contrast between them and the Negroes, Italians and Jews, amongst whom our work in Philadelphia had mainly been, was so marked that one felt the necessity of studying anew the

tuberculosis question and its relation to these people, who are undoubtedly and unknowingly spreading the disease broadcast throughout the city.

Instead of the absolute faith of the Italian in the American, and the desire to do always what the Americano was doing, I found a marked suspicion and a stubborn silence that at times was most discouraging, had one allowed oneself to become discouraged. But discouragement is against all principles of tuberculosis work.

It was at first necessary to gain their confidence, and kindness but firmness was the best way to deal with these people, who had gone through generations of oppression in their own country, and had come out here to find liberty and freedom.

But even with the contrast of characters, disposition and temperament I found that between the Poles and the Italians there was one underlying similarity by which they, too, might be reached.

It was this similarity that I found to be the keynote of the situation, just as I had found it before with Italian, Jew and Negro, namely, through their children.

All the world to-day is awakening up to the importance of the child in preventive and curative measures, which are allied so closely with the movements for social and civic betterment, and with the child of the alien this is particularly true.

And so, mainly through the interest in the children, I began to gain the confidence of the parents, and the Buffalo East Side Pole became less and less a problem to me.

By means of an interpreter it was not difficult to explain the necessity of

the out-door treatment, the danger to their children, if the proper precautions were not taken, the chances for living on for years to come, in comparative good health, provided they would carry out instructions.

When they appeared to be down hearted, it needed only to tell them of the poor people in the city from which I had come, where there were no yards, no porches, and where the "cure" had to be taken on the pavement in front of the house, on the fire escape of the tenements, or any other available space.

The contrast aroused their interest, and when they learned of the struggles that others had to get well it was not so difficult a matter to interest them to try also.

But the last winter had been a trying one in Buffalo, snow storm after snow storm piled the snow banks in the yards and streets, until finally when there came a day without snow we felt that something most unusual had happened.

Despite all this, little by little more and more of our patients were persuaded to take the "cure" out of doors, and daily we saw better and better results, and although we boast of no wonderful cures we feel that the education of the Buffalo Pole in the prevention of tuberculosis has begun.

But we must remember that it took courage on the part of the patients to carry out their treatment, not alone because of the severe winter weather, but because of another feature, which to them appeared to be even more difficult to cope with.

The Pole is very sensitive of the opinion that his neighbor may have of him. He objects strongly to being an object of discussion for them, and this is generally the greatest argument that

he uses when one is trying to persuade him to take the outdoor treatment.

At first I did not quite grasp the situation in regard to this matter, but one day it was revealed most forcibly to me.

In my adult class I had a young Polish woman in the incipient stage of the disease. She had been a patient at the Day Camp during the summer months, and seemed to realize the benefit, but not the necessity, of the out-door treatment.

There were a great many hours spent trying to point out to her just why she should sit out in the "cure" chair with which we had provided her.

A bright, sunny spot had been chosen for her in the side yard, her pillows were placed as they should be, and after she was securely wrapped in her good warm blankets and sleeping hood, with which we provide our patients, I left her. An hour later, quite unexpectedly, I returned. Chair and patient were nowhere to be seen, until I went indoors and found her in her small, stuffy room by the one window, which was probably raised about two inches.

Although she spoke English, she could give no explanation as to her action, only hanging her head and saying: "I can't."

Defeated for the time being, and obliged to hurry off to keep an appointment, I was met as I passed out of the gate by a neighbor, who asked me in a rather calculating manner how much longer I thought Mary was going to live. There was something about the question and the expression of the woman's face when asking it that seemed to throw a light on the subject for me, and I realized that what Mary and a great many of her fellow country men

and women afflicted with the disease really needed was moral courage, to not only take their treatment, but to withstand the remarks of their neighbors while taking it. A few of them possess this essential quality, but in most instances it must be given to them. There must be some one who is continually back of them, urging them on and keeping them from relaxing from their good intentions.

But there were many, once that the way was pointed out to them, who persisted with a stubbornness of which only a Pole is capable to carry out their treatment, who day after day, through wind and snow, might be found stretched out in their "cure" chairs, making the fight in which eventually they will win out.

Of course all of our patients are not

Poles. We have an illiterate class of Irish, who live in shanties over in South Buffalo and are snow-bound most of the winter and flood-bound when the thaw comes in the spring. They, too, were, and are, a difficult problem, for they are laden with old superstition, and so many of them, men and women alike, are alcoholic.

There are likewise a good many Americans who come to us, also Germans, the latter more thrifty perhaps than the rest of their neighbors.

Occasionally there stroll in a few Italians, who live in the congested district of Buffalo, if Buffalo really has a congested district.

Another year and we hope for still greater developments in this work, the importance of which is daily demonstrating itself more and more.

"The Shepherds Watched Their Flocks by Night"

BY MARGARET DELAND.

Like small, curled feathers, white and soft,
The little clouds went by,
Across the moon, and past the stars,
And down the western sky:
In upland pastures, where the grass
With frosted dew was white,
Like snowy clouds the young sheep lay,
That first, best Christmas night.

The shepherds slept; and, glimmering faint,
With twist of thin, blue smoke,
Only their fire's crackling flames
The tender silence broke—
Save where a young lamb raised his head,
Or, when the night wind blew,
A nesting bird would softly stir,
Where dusky olives grew—

And all their gentle sheepy flock
Looked up, then slept again.
Nor knew the light that dimmed the stars
Brought endless peace to men—
Nor even heard the gracious words
That down the ages ring—
"The Christ is born! the Lord has come,
Good will on earth to bring!"

Then o'er the moonlit, misty fields,
Dumb with the world's great joy,
The shepherds sought the white-walled town,
Where lay the baby boy—
And oh, the gladness of the world,
The glory of the skies,
Because the longed-for Christ looked
In Mary's happy eyes!

Nursing in Ophthalmology

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EVERYTHING that goes toward the making of a good nurse in other departments of medicine goes toward the making of a good nurse in ophthalmology, and more, too. The suggestions I make here before entering the subject specifically apply to nurses in other departments likewise.

In the first place, a nurse seems to believe that in order to make a good impression upon her patients she must wear her clothes so stiff with starch as to make what the French call a "frou frou." I recall once having a nurse in a case who was so bestarched that when she sat down by the patient it sounded as though she sat on a heap of open newspapers. The noise made by the swishing of skirts, and especially of underclothes, produces in many patients a feeling of irritation. The unstarched, clinging variety of lingerie is much to be preferred for nurses.

A quiet, cheeful and business-like demeanor, as a matter of course, is a requisite in all nurses; celerity, accuracy and despatch are necessary in all things. If there are two requisites necessary in nursing in ophthalmology beyond all other qualities, they are accuracy and despatch.

All nurses should cultivate delicacy of touch. This is more or less common to women in general, but is not possessed by all. It is generally assumed that people with small, delicate hands necessarily have delicacy of touch. Such is not the case. I have seen surgeons and nurses with small, beautiful hands who were as rough as butchers; and I have

seen surgeons and nurses with big, rough hands who were as delicate as possible.

In the matter of handling the eye, for example, great delicacy is, of course, necessary. It is desirable that the tactile corpuscles on the ends of the fingers should be well developed.

Another requisite which has not often been thought of by nurses in general, and ophthalmological nurses in particular, is short nails. A nurse with finger nails trimmed to sharp points, as affected by the so-called ladies of society, is at a disadvantage in manipulating the eye. It is quite possible by a maladroit movement to so wound the eye as to produce a serious condition. I recommend, therefore, to all nurses who handle the eye that their nails should be trimmed rather short and rounded, instead of pointed. It goes without saying that the hands should be at all times well groomed and immaculately clean inside the operating room and also out of it.

Obedience of the most implicit character should characterize the nurse who assists an ophthalmologist. The treatment and surgery of the eye are so outside the ordinary forms of treatment and surgery that no one except an expert is entitled to be entrusted with the care of ophthalmological cases. It is rare to find a nurse whose judgment is of value in such cases, and the manipulations of the eye, therefore, should be strictly in accordance with the commands of the attending surgeon.

The three departments in which the

nurse may be of value in ophthalmological practice are:

1. Assistant in a private office.
2. Assistant in an operating room.
3. Assistant or representative of the surgeon in his absence, in the sick room.

The qualities of celerity, despatch and implicit obedience become exaggerated when one enters the operating room. Operations on the eye, particularly cataract or iridectomy, hang upon the performance of a few seconds; within the briefest space of time the success or failure of a case is achieved. Therefore all things should be in readiness and every one on the *qui vive*. Implicit obedience should be demanded and given.

Preparation of Instruments: The preparation of instruments differs in some respects from that of ordinary surgery. I suggest that all ophthalmological instruments except knives should be put into a thick cheese cloth, wrapped up carefully, so that the steel may not come in contact with the tin sides of the sterilizer, and the kit put into the boiler half an hour before the operation commences. Some surgeons use a carbonate of soda solution, but I have never found it necessary when the instruments are protected as stated.

The instruments should not be removed from the sterilizer until just before the operation commences. They should be allowed to become more or less cool. They should then be laid on a sterile cloth and remain covered until the surgeon is ready to operate. He must then arrange the instruments in the way in which he is going to use them, and should instruct his nurse and assistant in their names. One individual alone should hand the instruments. And when they are asked for they should be handed quickly.

When sutures are to be used they should not be boiled with the instruments. Each suture for the eye should be about 6 to 8 inches in length and the needle holder should clamp needle about its centre. Each needle and suture should be inserted in separate layers of cheese cloth, so that in the boiling process the threads will not become entangled with each other or the other instruments. This is exceedingly important and prevents delay.

The sutures should be laid to one side of the other instruments in their regular order with the needle holder clamped upon one needle, as suggested. I have seen any amount of delay caused in the operation for strabismus, for example, by the entangling of the threads, and in those operations on the eyes which require a number of threads the complication becomes exasperating.

In these days of cocaine anaesthesia the patient is conscious of everything that is going on, and any delay or failure to progress rapidly will produce demoralization. We should make no errors in this matter, not only because of the artistic desire for a perfect performance, but on account of humanitarian feeling for the patient. It is interesting to remark that catgut sutures are not used for the eye; the so-called china bead black silk takes their place. The finer the silk, provided it is strong, the better the suture for the eye as a rule. There are certain operations, however, which require one thickness of sutures, others that require another. These are always selected by the operating surgeon before the instruments are prepared.

It is obvious to those who know about the eye that the ordinary methods of cleansing used for the skin, etc., cannot be employed here. We cannot even

scrape the external part of the eye. We have to be content with washing it with sterile green soap and cotton, with the eye closed to keep the soap from entering. To use alcohol would cause risk of irritating the eye. After the soap has been washed off with sterile water, bichloride 1-3000 is used to render the external surface sterile.

Sterilization of Instruments: As in operations on other parts of the body, it is important that all instruments should be perfectly sterilized. There is a general impression that if cataract knives are boiled the temper is destroyed. This is absolutely not true. The most delicate form of cataract knife or iridectomy knife can be boiled without injuring its temper. Dry heat will injure its temper, however, and it should be seen to that the knives are submerged in the boiler. It is my custom to have a separate holder for knives, made of copper or porcelain. This is sterilized before the knives are placed in it, and as soon as they are placed therein I pour on them five per cent. of carbolic acid. After remaining there an hour before operation they should be taken out and placed in a solution of absolute alcohol in a sterile dish, and subsequently the alcohol should be poured off and the knives submerged in sterile water or normal saline solution. The carbolic does not in any sense dull the edge of the knife. From my personal experience I am convinced that if the knife be taken immediately out of the absolute alcohol it is more difficult to push it into the cornea than if it has been immersed in either carbolic acid or normal saline or sterile water. It seems to me that a surplus of alcohol on the knife hardens the tissue and makes penetration somewhat more difficult. Knives, therefore, should

be taken out of the sterile or normal saline solution just before they are used and wiped off before they are handed to the surgeon. The assistant should not attempt to wipe the blade at all, as cataract knives are exceedingly delicate and any manipulation whatsoever of the fine point may have a bad result on the operation. The surgeon himself should do this.

Disinfection of the Eye: There is a difference of opinion as to disinfection of the conjunctiva. We know that it is quite impossible to absolutely disinfect the conjunctival cul de sac. A large number of microbes have been found to exist in an apparently normal cul de sac, among which there are pyogenic ones. An experience of twenty-six years has convinced me that our only hope of rendering this region more sterile than it normally is, is by mechanical lavage. To that end I employ syringing with normal saline or sterile water. At times a saturated solution of boric acid may be advisable, though I am rather in favor of the saline. I have long since ceased to use bichloride of mercury in my operations on the eyeball itself, though a number of surgeons have reported good results from its use. I have always found it to produce an irritation of the eye and this is certainly not of advantage in any operation in this region. Inasmuch as we know that congestion is the first stage of inflammation, the more blood is brought into the part, the more likelihood there is of infection with pyogenic microbes. I believe that any irritation of the conjunctiva antedating an operation tends to increase the possibility of infection. Disinfection of the lashes is practically impossible. We wash them off sometimes with sterile soap, and afterward cleanse them with

a little ether. Some cut off the lashes completely before operation. I doubt the efficiency of any one of these measures or all of them. We can only cleanse the lashes with soap and water without irritating the eye and subsequent removal of the soap by sterile water. We, therefore, have to trust, to some extent, to fortune in our operations upon the ball of the eye, for we cannot completely disinfect the cul de sac, the lashes, or the external skin immediately surrounding the eye. We therefore have to rely upon the sterility of our instruments and our hands in the main.

As to our hands, it is impossible to sterilize them completely, as is well known. General surgeons have overcome this disadvantage by the wearing of rubber gloves. These cannot be used in operations on the eye, as knives must be held with great precision and steadiness.

As soon as any operation on an eye has been finished, the surgeon dresses it. In operations on the outer surface of the lid, stitches are employed and the wound dressed after the manner of wounds in general.

If it is a cataract extraction or a so-called iridectomy or enucleation, the eye is simply closed, and sterile pad placed over it. Surgeons differ in regard to the character of the pad and the manner in which it is prepared. Once upon a time I was accustomed to use sterile vaseline spread over a piece of sterile gauze and I am not so certain that this is not an excellent dressing in all cases. Of late years I have used the dry method.

For a single eye, I use a pear-shaped pad of sterile cotton fairly thick, lined on each side by a piece of sterile gauze which snugly fits the shape of the cotton. This is laid upon the eye with the stem

of the pear lying upwards and toward the root of the nose. The pad should be large enough to cover the entire eye and extend beyond the external canthus. The stem of the pear lying upon the brow is intended as a point on which to lay the bandage and hold the pad in place.

The manner of applying the bandage, which ought to be of gauze about an inch or an inch and a half wide, it is unnecessary to describe minutely. Suffice it to say that after the bandage is secured by two turns around the head it should be brought under the ear corresponding to the eye and the pressure made from below upward, and for the other eye from above downward.

When both eyes have to be covered, as in cataract extraction, I have a double pad, made similar to the one described, but attached together by a bridge like a pair of spectacles; passing from the centre of the bridge upward is a stem, which lies upon the brow. This is held by the first turn of the bandage. The first eye bandaged is the operated eye; subsequently the bandage is carried down over the unoperated eye. The bandage should not be too tight. The best way to keep a bandage from slipping is to put a piece of oxide of zinc plaster over the termination of the bandage and another piece behind on the occiput, where the bandage is most apt to slip.

A patient who has been operated upon should be allowed to lie on the table for a short time, in order that the nervousness incident to the operation should pass away and the subsequent spasm of the lids, which is sometimes present, has been quieted.

The duty of the nurse after the operation depends very largely upon the operation. Any operation upon the ex-

ternal eye or upon the muscles, such as tenotomy, enucleation, often requires no more than ordinary care, taking the temperature, looking after the patient's well being, watching his pulse and temperature and seeing that the bandage does not slip, making a record of anything that takes place during the period of watching.

About the same thing is necessary after the operation of iridectomy, which usually heals quickly and without abnormal incident. It is after cataract extraction that the gravity of the situation becomes pronounced. Some surgeons operate in the bed on which the patient is lying, and others prefer the operating table, permitting the patient to walk from his bed to the table. The latter procedure is certainly attended with many risks. In the first place, there is the possibility of falling and striking the eye, for there's many a slip betwixt the operating table and the bed. If the patient is operated on in his own bed

this risk is eliminated. The nurse who leads such a patient to his room assumes a great responsibility, particularly if the patient has to go upstairs or down.

The room should be as a rule darkened. Some surgeons object to this and keep the room lighted. The patient should be comfortable and the head should lie quietly at a comfortable height. The patient should be left on his back for forty-eight hours, day and night; and the duty of the nurse is to sit by that patient and not go to sleep. Patients have frequently struck themselves during the night by accident, and it not infrequently happens that a patient becomes maniacal during the night and tears off the bandages, causing destruction of the eye. All the responsibility in this matter for forty-eight hours lies with the nurse in the absence of the surgeon. If the nurse requires help she should call for it. If she does not, she is responsible for any accidents.

11 East 48th Street.

The Christmas Bells

The time draws near the birth of Christ:

The moon is hid; the night is still;

The Christmas bells from hill to hill

Answer each other in the mist.

Four voices of four hamlets round,

From far and near, on mead and moor,

Swell out and fail, as if a door

Were shut between me and the sound;

Each voice four changes on the wind,

That now dilate, and now increase,

Peace and good will, good will and peace,

Peace and good will, to all mankind.

—ALFRED TENNYSON.



CHRISTMAS MORNING, HOSPITAL FOR SICK CHILDREN, TORONTO.



LISTENING TO THE CHRISTMAS STORY, HOSPITAL FOR SICK CHILDREN, TORONTO.

Occupations and Amusements for Convalescent Children

IONA GRATIA WILKINS.

THE hardest work in the care of children is not when they are seriously sick, for then the youngsters' chief desire is to be "let alone," and judicious letting alone, by the way, is one of the fine points of nursing. The really hard work comes later, when convalescence smiles around the bend in the road to recovery and the spirit of youth comes back to its own, eager to be up and doing, intolerant of tedious delays and restraints. There are hours of fretfulness and irritability when one has to push hard against embryonic black clouds; fresh games must be invented when the old ones pall, and a new role of comrade and playmate must often be added to that of nurse, for the Boredom Bacillus must never be allowed to infest the Tiny Tad's Land of Getting Well. Hard work, but—well, I have spent many hours with the children in this way, and I count every one of them pure gold.

One thing to be remembered in dealing with children is that, while each child has his own individual temperament, there are few who cannot in some way be won over to perfect comradeship. It may take a great deal of effort, untiring patience—but sooner or later one finds some key which unlocks the gateway to a child's affections.

Keep your children busy, keep them interested, throw yourself into the spirit of their funny little games, play *with* them—you lose no dignity in this way.

One thing which appeals to nearly all children irrespective of "race, creed, or

color," is story-telling. From the little tots, who listen eagerly to the adventures of Prince Fairyfoot in the enchanted forest to the older ones who appreciate word pictures from Scott or Dickens or Stevenson, there is not one who will not yield to the magic.

Told stories seem to children more real and more intimate than those read from a book, and their uses are endless. Many glasses of milk have gone down unwilling little throats because, when the last drop was swallowed, the wonderful "Tar Baby" would be told; many a child has taken willingly a rest hour in the middle of the afternoon, knowing that in the quiet of the darkened room someone would sit by the bed and recite verses from Stevenson's "Child's Garden" or Eugene Fields' "Love Songs of Childhood." The antics of Br'er Fox and Br'er Rabbit have often distracted attention from tangles in curly hair, and at night the sandman steals in unawares, under cover of Old Father Pumpkinhead, or Aladdin and his Wonderful Lamp.

A promissory note made out in due form for two stories, payable on demand, is very comforting to think of while a disagreeable treatment is in progress.

To tell stories well is an art. One must not only have a wide knowledge of children's folk-lore, but a sympathy for them as well. "I don't like Miss A.'s stories," wailed a small patient. "She doesn't tell them *to me*, she just sits and

tells them." Children are so very quick to see the difference between genuine and simulated interest.

Dolls and their accessories always have a warm place in the hearts of little girls, and the suggestion of making a nurse dolly with a "really truly" cap usually meets with warm approval. The top of a long, deep pasteboard box (one in which coats and suits are packed), with one side removed, makes an ideal hospital ward where little stray dolls with broken arms and legs may come to be bandaged and properly treated. In that case, a doctor's services are necessary and he can be made truly impressive in a white suit with a red cross on the arm.

Matches, with the sulphur end removed, can be whittled into thermometer shapes, and marked off with pen and ink, and soda straws, cut in the proper lengths, make excellent feeding tubes. Once established, this doll hospital will keep the little patient busy for some time each day, for, of course, the afflicted ones must have temperatures taken, baths given, and the doctor makes many rounds. Weird prescriptions are sometimes given. "This lady has a bad headache," complained the nurse-doll. "Give her four teaspoons of mucilage every morning," commanded the oracle.

The antics of "Brownies" are enjoyed by boys and girls alike.

To make them, get a large size heavy marble and bend a stiff shirt cuff into a tube just long enough for the marble to roll through. Fasten a piece of white cloth smoothly around the tube, and at each end of it put a piece of velvet, gathered like a Tam o'Shanter, the marble being inside the tube, of course, before the second "Tam" is sewed down. This is the "Brownie's" head and

body. Sketch the face below one "Tam," stitch two pieces of cloth for legs to the other "Tam" where they should dangle limply. A coat and waistcoat are next applied to the tube in the correct place, a collar and tie may be added. The sleeves are made like the legs. Now stand your "Brownie" on his head, and see him stay there—tip him at any angle of 45 degrees, and he sits that way. Get a board (an ironing board is fine), put one end on the bed, the other on the floor, set "Brownie" at the top and push him. Down he will go in a series of grotesque somersaults, which never fail to bring out shrieks of laughter. Each child will be sure to find out new "stunts" for "Brownie" to perform. But be sure that the "Tam" is just full enough to hold about half the marble, as it rolls out of the tube—if it is too full the marble will not give the proper push against the wall of the tube and "Brownie" will not tumble. Any material may be used for dressing, but velvet is best for the two ends, as the thump of the dropping ball will soon wear out a thinner material. If the cuff is not convenient to use, picture tubing is just as good.

Blowing soap bubbles is a good way to pass an hour or two, particularly if the patient is well enough to participate in the fun, and some other member of the family can be induced to enter the lists. Lukewarm soapsuds, to which has been added a little glycerine, I have found a satisfactory "bubble solution." Offer prizes for the largest bubble, the prettiest one, the one that lasts the longest, etc. If a pipe breaks, substitute a truncated cone of stiff cardboard, a straw with the split ends turned back about 1-16 inch, or a spool, the cone blowing quickly large bubbles, while the

straw and spool produce tiny ones. A plate wet with the suds may be inverted and bubbles piled up in a mound. An old blanket or rug may be used to throw the bubbles on, or an open window may invite the floating spheres to set out on an aerial trip, leading to stories of where they went, what they found and what finally became of them.

Did you ever try "combination drawing?" The first person draws a head of some sort, and folds over the paper, leaving two dots to show where the body should be attached. The second person draws the body, folds over the paper, and an obliging third puts on the legs. It doesn't sound so funny, but wait until you get a donkey's head on a cat's body, supported by chicken legs, and see if your small patient doesn't like it.

Beads can be put to a variety of uses—chains and bracelets for child or dolly may be made; bags and purses may be cut from crinoline and stitched into shape after the beads are sewn on; or the beads may be strung on thin wire and made into baskets. Along with beads come other kindergarten supplies—strips of colored paper woven into perforated drawings to be worked out in colored threads—raffia for weaving into hats, baskets and so on. These things not only occupy the children's minds and hands, but also help to develop color sense, ability to design, etc.

Modelling in clay is usually enjoyed by the older children—if you have not the wooden tools which come with the colored clays, a penholder may be whittled into a spatula, etc. There are several substitutes for clay for sale in the toy stores which can be used to good advantage, because they do not need to be kept damp.

Making scrapbooks is a popular amusement, and is particularly interesting when the youngster is making them for some other little boy or girl less fortunate than himself. The picture puzzle craze still exists among the little folks, and new puzzles may easily be made by pasting magazine covers on stiff cardboard and cutting it into sections; or if a little education is not objectionable, maps may be made in the same way.

Of course, there are any number of amusements which I have not mentioned. Simple card games like casino and "old maid" may be taught to children of average intelligence. The principal thing is to see that no undue strain is put on easily-excited minds and that the new strength is not overtaxed.

Convalescent children usually enjoy their food, but occasionally we find some who are disinclined to eat, especially such things as milk, eggs, beef juice, etc. When one of these is to be taken from a glass, paste a round of paper to the bottom of the glass, enclosing between the glass and the paper a "s'prise," which may be a nickel or a penny, a small picture, a peppermint wafer, and so on, and the glass will usually be emptied promptly to see what the "s'prise" is.

Eggs or oyster broth, etc., may sometimes be prepared in a chafing dish while the patient watches the proceeding—something the average child dearly loves. Plain boiled eggs take on an added charm, if they are colored, like Easter eggs. Baked potatoes mashed into shape of a piece of pie, an orange with the sections skinned and laid in succession around a mound of powdered sugar, strips of bread and butter built into a "corn-cob" house with a berry or bit of jelly or sugar at the bottom in-

side—these, or any other new way of serving the food, stimulate the child's interest and act as a wonderful spur to jaded appetites.

Recently, in talking of children to a nurse, she said: "I love children, but I can't get along with them—why doesn't someone, who can, tell us how?" Because it cannot be told. Children possess common traits, but have very different characters—what appeals to one may be utterly scorned by another.

Last Spring I had a little patient of six, who in her last week of quarantine with scarlet fever, developed miocarditis. The poor baby could not understand why she must stay lying down in bed when she felt perfectly well, and, as I first came into the case at this juncture, she naturally demanded of me the reason. "Honey," I said, "did you ever run and run and run until you were just all tired out and had to lie down on the grass or in the hammock and rest?" "Oh, yes." "Well," I went on, "when you were resting, wouldn't you have thought it pretty mean if someone had come along and made you run some more? When you had scarlet fever that little heart of yours just ran as fast as it could night and day, and now it is very tired and needs a rest, and every time you sit up or cry or reach out of bed,

your heart feels just the way you would if someone made you keep on running." "Oh," very seriously, "I won't be mean to it any more," and for days the little head lay patiently on the low pillow.

This would not have done with another patient, who had a compound fracture and a love of romance. Her bed was nothing more nor less than an enchanted castle, and she a beautiful princess condemned to stay there until the kindhearted prince should discover and release her. One morning the prince did come, and unlocking the gate (the foot-board) with his latchkey, announced, "Princess, you are free," just like the story books, and the princess was carried out to a Morris chair on the piazza.

Study your child, and methods of management will come almost instinctively. So watching, studying, working, we guide the children along the road to recovery until the day comes that we drop the little hands that have clung to ours and call a merry "good-by," but I doubt if this world holds anything more satisfactory than these little sojourns in the children's country where one forgets "envy, hatred, malice and all uncharitableness"—and possibly catches a reflection of that great love which made the presence of little children forever blessed.

Personal.

Miss Frances Crabtree, formerly of Charleston, Ill., has been appointed superintendent of the Davis Hospital at Pine Bluff, Ark.

It is understood that Miss Esther V. Hasson, who has done such fine work as superin-

tendent of the Navy Nurse Corps, contemplates resigning her position in the near future.

Miss Virginia Walker, a graduate of West Penn Hospital, Pittsburg, has been appointed superintendent of the new Mercy Hospital, Altoona, Pa.

Lessons in Chemistry for Nurses

MINNIE GOODNOW,

Superintendent Bronson Hospital, Kalamazoo, Mich.

LESSON V.

ORGANIC Compounds: In time past there was a sharp distinction made between *organic* and *inorganic* compounds. A change has occurred in this matter in recent years, since we have been able to prepare artificially many compounds which were formerly obtained only from plants or animals. We therefore use the terms *carbon compounds* and *compounds not containing carbon* as being more exact expressions.

Synthetic Compounds. Certain dye-stuffs, such as madder, cochineal and indigo, previously gotten from vegetable and animal sources, are now manufactured synthetically from inorganic substances, chiefly coal tar. Saccharin, a coal-tar product, is four hundred times as sweet as sugar and is used in place of it in some diseased conditions, notably diabetes. Vanillin, also made from coal tar, has the taste and odor of the extract obtained from the tonka or vanilla bean, and is used in its place. A number of medicinal drugs which were formerly gotten only from plants are now made up from mineral substances. Sodium salicylate, used extensively in the treatment of rheumatism, is an example of this; the so-called "true" sodium salicylate is made from wintergreen or from willow bark, and is expensive, whereas the ordinary product is made up from coal tar and is quite cheap. New compounds, medicinal and otherwise, are constantly being discovered; these are analyzed, i. e., sepa-

rated into their constituent parts, and later are made up artificially from substances of mineral origin.

This is simply doing in another way what nature is constantly doing for us in her way. In nature, plants grow and develop by means of the inorganic matters which they extract from the soil. Animals do the same thing to a limited extent, but usually obtain their food materials ready prepared for them by plants or other animals which got them from plants. Thus, our muscles are built up and nourished by materials derived from meat, grains, vegetables, or fruits, but which came originally from the earth or from the air. There can be, therefore, no sharp line of distinction between organic and inorganic compounds, for in a multitude of instances they are composed of exactly the same elements.

When we reduce plants to their original elements, we find them composed chiefly of carbon, oxygen, hydrogen, nitrogen, potassium and phosphorus, the first three being the most abundant. These elements occur as starch, sugar, woody fiber, water, and all of the thousands of substances which we call vegetable matter. (The various chemical changes which take place in the growth of plants will be briefly discussed in the next lesson).

Man and other animals throw off in various ways matter for which they have no further use. Urine, feces, carbon-

dioxide from the lungs, scales of dried epithelium from the skin, dead hairs, nails, etc., everything which we call waste, goes back again to Mother Earth. Wind, water, cold, heat, and the various natural forces act upon these substances which have been discarded, break them up into their elements or modify them in one way or another, thus making them ready again for the plants to feed upon. Bacteria frequently assist these processes.

When men or animals die, the same thing occurs on a different scale. The whole organism is broken up and acted upon by external forces or forms of matter which make new compounds ready for the use of future beings. Plants in dying undergo a similar process, which does not differ materially whether it takes a long or a short time. A tree may be burned up in a single hour, or it may be years in decaying; but in either case it is resolved into its elements, these elements being set free to help in the formation of other plants, animals, or rocks, as the case may be.

Thus the *law of the conservation of matter* continues its operation, and the whole process is a round of transformation, change, decay and upbuilding.

Carbon Compounds: Practically all organic substances, whether animal or vegetable, are composed of carbon, hydrogen, and oxygen, with small quantities of nitrogen, sulphur, phosphorus, etc. The number of compounds formed by the combination of these elements is quite remarkable. In some cases it may even occur that the chemical formulae of two substances is exactly the same, but

a different arrangement of the atoms may produce a different substance. The following table of formulae of various organic sub-compounds, chosen at random, will serve to illustrate the infinite variety of the carbon compounds.

Cane or milk sugar	$C_{12}H_{22}O_{11}$
Fruit sugar	$C_6H_{12}O_9$
Starch	$C_6H_{10}O_5$
Alcohol	C_2H_6O
Wood alcohol	C_2H_4O
Oxalic acid	$C_2H_2O_4 + 2H_2O$
Acetic acid	$C_2H_4O_2$
Ether	$(C_2H_5)_2O$
Carbolic acid	$C_6H_5O H$
Camphor	$C_{10}H_{16}O$
Caoutchouc	C_5H_8
Formaldehyde	$H CHO$
Tannin	$C_{14}H_{10}O_9$
Cocaine	$C_{17}H_{21}N O_4$
Quinine	$C_{20}H_{24}N_2O_2 + 3H_2O$
Morphine	$C_{17}H_{19}N O_3 + H_2O$
Strychnine	$C_{21}H_{23}N_2O_2$

It will be seen from this how very slight changes in composition may produce very marked changes in external qualities. There is, moreover, a very great difference between organic and inorganic substances of the same composition. The inorganic compounds are more firmly held together and yield less readily to changes in their surroundings. Organic compounds, on the other hand, are apt to be unstable, i. e., are readily broken up and, by a slightly different arrangement of atoms, reformed into other compounds. This enables us to understand the many and intricate changes which take place during the physiologic processes of digestion and nutrition.

Rome's Training School for Nurses

PHYLLIS T. WOOD, R.N.

IN the February issue of this magazine I was permitted to place before the nursing world the news that Rome might some day have a training school for nurses.

It is with sincere pleasure, which I know will be shared by many, that I am now in position to supplement that meagre notice with the announcement that what seemed then simply rumor has actually taken place. The school exists. It is in its frailest infancy, hardly able as yet to assert itself, but it is nevertheless there, and come to stay.

With charming self-assurance it has unblushingly planted its tender roots in the midst of the great Policlinic, confident that its ideals, demonstrated by faithful practice, will in time overcome all prejudices and cause the mammoth building to capitulate and throw open wide all its doors in acceptance of its pure service.

The school owes its start to the initiative of a committee of Italian women. They have been instrumental in bringing into existence the hope that has been germinating for some years in the hearts of many Italians who have deplored the great want of properly organized nursing in the Italian hospitals. A goodly representation of the medical profession has given countenance and support to the idea, and, finally, the hospital administration, with the consent of the government, has furthered the scheme by erecting an appropriate building for the school within the grounds of the Policlinic. This building is a pretty nurses' home; and it has also devoted

two pavilions (a medical and a surgical) of seventy-five beds each, in which the first practical instruction will be given. The surgical pavilion comprises an operating room and two dressing rooms. In this pavilion alone 700 general operations take place yearly. The Nurses' Home accommodates forty persons, and its plan and furnishing show that the idea has been grasped of the needs required in such a building; needs that, while supplying the pupil nurse with cultivated and refined surroundings, will prove in time valuable assets in the gradual unfolding of the reform that is taking place. For the present all the essentials have been provided within the home, and this with the utmost good taste and discretion. This simple beginning shows promise of a future development.

Owing to the deplorable deficiency here in Italy of persons properly qualified to teach, several hospital graduates from England have been engaged to conduct the course of study, and this will for some years to come be in their hands. As time progresses they will gradually be supplanted by the Italian pupils, as these by degrees complete their course and procure the requisite diploma. Nine pupils have so far been enrolled and under the guidance of the English graduates work has commenced in earnest in the two above-named wards.

The course will extend over two years, but a regular school curriculum has not as yet been decided upon; however, by the time the new scholastic year opens the usual course will be organized and

carried forward. Graded lectures will be given by an appointed medical staff, and class work and repetition by the superintendent of nurses.

The hospital administration assumes the initial expenses of the establishment of the training school, but its future support will depend on the generous aid of public-spirited people. Already a fair response has been made to urgent appeals, but extensive funds will be required to further the growth of the institution.

Without just reason the world may criticise Italy for having been backward in promoting such a common need, but let us not forget that *trained nursing*, as it is understood in America and England, has hardly celebrated its jubilee. Italy, as a nation alone, is some years younger, and it has been the lot of few other powers to rise from the conditions she was subjected to in her past and attain the political standing she now holds side by side with older nations. To judge by the rapidity with which she has taken advantage of modern progress it can easily be foreseen that it will not be long before she steps into line also in this new reform, and in the near future offer examples and methods not only of good imitative but also original work. She has already done so in medicine.

Certainly all the old established training schools of the United States will hail the advent of this little foreign sister, and with interest watch her grow, remembering how not long since they, too, had to overcome prejudice and mis-

understanding among their own people to attain the honorable standing they now hold in the professional world.

It is the laudable intention of the Roman Training School Committee to promote this hospital reform throughout the country. For this they will endeavor to institute sub-committees in each principal city whose work will be to prepare the ground by getting into accord with the separate hospital administrations for the future establishment of schools similar to the one in Rome. These sub-committees will also, meanwhile, recruit candidates from their respective cities and send them to Rome for the course of study, so that these future schools will not have to fall back on foreign countries for their teachers.

One of the chief promoters of this humanitarian enterprise is Queen Elena. In this era so universally dedicated to answer truly to the charge, "Where is Abel, thy brother?" she stands foremost in the generous personal share she gives to schemes for human welfare. And her feminine subjects are doing honor to her example. To these women will be due in the future the gratitude of thousands of sufferers.

"They talk about a woman's sphere as tho' it had a limit;

There's not a place in earth or heaven,
There's not a task to mankind given,
There's not a blessing or a woe,
There's not a whispered yes or no,
There's not a life or birth

That has a feather's weight of worth
Without a woman in it."

The Angel of the Elevated

MARION A. STEWART.

IT was Christmas Eve. Chalmers was tired. He flopped wearily into the first vacant place the car offered and hid behind his paper, praying he might not meet anyone he knew. Even after two years of it a man doesn't grow immune to the sympathetic stares of the women or the "poor devil" pity flickering in men's eyes.

The small, tough-looking youngster next him drew pictures of Happy Hooligans on the window pane with a damp, smudgy finger. Finally he added an inch or so to the grin, put another story on to the fearful hat, then turned and stared at Chalmers, stared so hard and unceasingly that Chalmers unconsciously stared back for a moment, then instinctively stretched out his hand until it closed over the small one. Across the boy's freckled cheek it stretched in a deep, vivid line—the scar—almost as deep and vivid, almost as brutal as the one that marked Chalmers's face. "Gee," drawled Bobs, "dat's a corker, ain't it? Why, it's worser'n mine." Then he saw, and in his way understood the pain in Chalmers's eyes, the whiteness of his face. "Hurts, don't it?" he asked. "I uster be that way, too, but I don't give er rip now. Was you in the horsepittle, too?" "No," answered Chalmers, "I wasn't." He wondered how long the imp could keep up the inquisition—why, even his friends had not dared to mention it. "Ah, now, dat's a shame," sympathized Bobs. "If yer'd been in the horsepittle wid me an' had the nurse I did yer'd be feeling a blame sight better now. How'd yer get it, anyhow? Scrap-

pin'?" Chalmers admitted that he had not been fighting. "I was," Bobs announced gleefully. "I was scrappin' wid me brudder; he didn't mean ter hurt me ner nuthin', but he give me a push an' I butted me head on ter de hot stove wid me cheek down an' it was de ambulance fer mine an' good-bye ter home and mother. Gee, but dot cheek hurt at first. I uster near chaw de bed clothes ter rags trying not ter holler. Dey used me white, dough, up at St. John's. Miss Greyson was my nurse, an' she was a corker."

Chalmers moved restlessly. Miss Greyson? Why, she had been his nurse, too. She had taken care of him after the accident. Chalmers had learned from her how white and straight and wholly adorable a girl can be. He had bowed himself down before the dark glow of her face, beneath its little, filmy, white crown. She had made everything so bearable that a man could not help but love her, and sometimes Chalmers had thought that there might be something more than a touch of professional kindness in her hands. So he dreamed until the day when the bandages were taken off and he staggered over to the long mirror. Then he knew; and when Miss Greyson said good-bye he let her go with a conventionally worded gratitude for her kindness. Since then he had been trying to forget, and this boy—"A corker, well, I guess. Why, dere wasn't a nurse in de buildin' dat was one, two, three wid her. A lot of 'em was always foolin' round wid deir darlins and deir dears, an' tryin' to kiss a

chap, but none of dat for Miss Greyson's. She was just as white an' straight as a feller, only more so. An' she was honest injun wid her word an' didn't snitch on de kids. Say, dere wasn't a feller in der ward dat wouldn't roll up his sleeves an' fight fer her. Swipesey Harris, he was de limit—cussed de nurses an' kicked one of de doctors in de jaw, but he'd mind Miss Greyson, you bet. One night, when she an' de doctor was dressin' kid Mahoney's arm behind de screen, Swipes sneaked out er de bed an' pinched de lookin' glass out of der washroom so's I could say hello ter meself. Dey'd just taken all de dressin's off fer keeps an', gee, I'll never fergit dat face in de glass—it was de limit! I didn't let on it hurt den, but when de odder kids was sleepin' I just felt hot all over an' me t'roat hurt an' I felt on de bum alright. Miss Greyson got wise dat somethin' was up an' come in ter have it out wid me. I didn't snitch on Swipes, but I let on ter de game of seein' me face. Say, she was a peach dat night. She said it wasn't bad at all, dat she liked me just de same wid de scar as widout it, an' anyhow she said our faces didn't count if we live on de square an' be decent an' white. She made me give me word dat I wouldn't turn sour on de world, an' mug off by meself or go to de bad, thinkin' no one cared. Den she told me 'bout a chap she knew once; he was a good-looker an' played centre on de football team an' was wise ter all de sports an' everything. One day some kid got mixed up wid a trolley an' he joined de mix up an' hauled de kid out alright, but he got

his own face smashed ter beat de band. When he got well he had a scar—a regular ripper—jus' like mine, an' it made him sore on everything, mugged off by himself and wouldn't have nothin' ter do wid anyone. An' Miss Greyson said folks was jus' standin' round waitin' ter be decent ter him an' he wouldn't give dem de chancet. She says: 'Bobs, he just locked de door on his happiness and stood outside wid de key in his pocket.' He must have been a crazy guy, anyhow. Miss Greyson must have liked him, fer she cried an' cried when she told me an' her face was awful sad. 'Bobs,' says she, 'just let people like you all dey want ter—don't keep dem off when all de happiness dey want is ter be nice ter yer.'"

Chalmers leaned forward excitedly. "Did she say that, did she cry?"

"Surest thing yer know," said Bobs. "She's a peach alright. She got me a job downtown in her brudder's office till school time. It's me first pay day an' I'm blowin' her, see?" Undoing the tissue-paper covering Bobs waved triumphantly a bunch of drooping red roses, wired as to stems and blossoms, but red roses still. "Dey cost a quarter," Bobs confided, "but, gee, she's wort' it."

Chalmers's eyes grew misty. "Miss Greyson isn't at the hospital now?" he asked.

"Nope," said Bobs. "She ain't; she's home, West Eighty-sixth street; I'm going there now."

He jumped up as the train slackened and Chalmers, following, laid his hand on his shoulder. "Wait a minute, Bobs," he said. "I'm going to call on Miss Greyson, too; let's go together."

Editorially Speaking

Frank G. Rose

It is with deepest sorrow that we announce the sudden death of Frank G. Rose, beloved son of Annette Sumner Rose, on November 13, 1910. Mr. Rose was business manager of THE TRAINED NURSE AND HOSPITAL REVIEW.

The Christmas Spirit

AMID the multiplicity of duties that fall to the lot of the nurse, whether she finds her work in hospital wards, in private homes of wealth, or in homes where the pinch of poverty is keenly felt, it is worth while to give the Christmas spirit the right of way for a week or two, for its own sake. It makes an oasis in the bleaker stretch of the year. Instead of reiterating "It doesn't seem a bit like Christmas," as nurses so often do, just make it seem like Christmas. Get into the spirit of it. Read over once again the story of the first Christmas. Ponder on its influence on the hearts of men till a bit of the old-time Christmas gladness that thrills the hearts of children comes to you. If, as is very natural, your mind goes back to the happy by-gone days, when for weeks you talked of Christmas by day, and dreamed of Santa Claus by night, let it not be with wistful regret, but rather with thankfulness at having found a place of such splendid service and wonderful opportunity. Get, if you can, a copy of that beautiful little romance by Van Dyke, "The Story of the Other Wise Man."

Keep it and when your work grows prosaic or monotonous, read it over and over again until you see the glory in a life of service. That wonderful little "inasmuch" text can transform the most commonplace life, changing difficulties into opportunities, and weary duties into loyal service. Our circumstances may change, but the deepest instincts of human nature are the same in every age. The joy of giving is always greater than the pleasure of getting.

Then don't forget that there are hungry hearts, and lonely, depressed spirits to be ministered to. To those who are ill the sound of Christmas bells may but add to depression of spirit, unless those who minister will take pains to radiate the Christmas spirit till it reaches every corner of every room. Don't be afraid to spend a little time and effort on decorations, for a touch of red and green and tinsel to look at helps wonderfully in making the day a festive occasion. In one hospital in New York City the nurses begin the day for the patients by the singing of Christmas carols in the corridors—a gracious old-time custom that might be introduced with profit into every institution. Some one has well said: "They only, whether in high place or in lowly, who endeavor to persuade men to listen to the angels' goodwill song of peace and who by uncalculating thought and kindly deed relieve the necessities of the poor, the lonely and the hungry-hearted, who make glad the little children—they only have caught the spirit of the Christmas

time. And as such ministers of peace and good-will go their rounds of loving service, they are singing again all unconsciously the "Gloria in Excelsis."

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Hospital Accidents

IN the very able paper by Mr. Lodge and Miss Goodnow, found in this issue, attention is called to some of the common causes of hospital accidents. There is much in the paper that is worthy of discussion. In particular we would call attention to one or two things: "If a superintendent," says the writer, "cannot obtain the help needed to give patients safe and sufficient care, he is hardly honest if he does not inform them of the fact." "A very large number of the mistakes which nurses make are the result of their having been insufficiently taught." . . . "Most of us overwork our nurses because we cannot get or cannot afford to pay for enough help." The first quotation raises an interesting question: Is a hospital justified in taking in more patients than its nurses and general staff can properly take care of? This is a very important question to be answered many times. For instance, a large new hospital was starting. It had enough nurses to carry on a limited amount of work but not enough to completely staff the whole building. The superintendent was conscientious, one who took pride in providing good nursing for every patient. She took the position that "we are not responsible for the patients whom we do not admit." There were plenty of other hospitals to which any patient could go, hospitals which had passed the first stage in organizing and which had a well staffed institution. The board, being ambitious, took the position that to refuse to admit any case, especially a paying case, when

there was a bed or room to accommodate him, was a crime. They were not financially able (or willing) to pay for more graduate nurses than they had. Now, which view was right? This is no imaginary situation. There are few criticisms of hospitals more baneful than that patients are neglected so far as nursing is concerned. It might also be added that there are few criticisms more common, especially in the last four or five years when the supply of nurse probationers has been unequal to the demand. We could name dozens of hospitals which have achieved a reputation for neglect as to the nursing of ward patients. A doctor brought a patient from a small town to a certain city hospital. He was uncertain as to what the trouble was, and asked to have him watched very closely. The head nurse assured him that he would have every care. (Some form of brain trouble was suspected.) The doctor noticed that on leaving the room the head nurse took the precaution to turn the key in the door. He made a round of errands in the city and returned four hours later to see his patient once more before he left for home and insisted on seeing him. When they unlocked the door and entered the room they found the patient (who was in a semi-stupor) on the floor under the bed with his street clothing still on. No one had given this very ill patient any attention in the four hours he had been in the institution. The excuse was made that they were short of nurses, which was true. But again the question comes up: Is a hospital justified in admitting patients when its officers know they are not prepared to give reasonable care? Would such an occurrence be called a "hospital accident?"

Nursing the Limited Means Patient

IN this issue will be found the report of the committee appointed in 1909 by the American Hospital Association to consider the education and training of nurse assistants for the care of people of moderate means in their homes and the nursing of patients suffering from chronic diseases.

While the report brings out nothing new on the subject, it emphasizes certain points and brings into review the various methods and suggestions already in operation or put forward.

There are two conclusions which have for a long time seemed inevitable to those who have studied such a question impartially. These are that the remedy lies first in organization—organization of a society which will make a business of supplying nurses for people of limited means just as there are societies for supplying visiting nurses and directories for graduate nurses; second, in requiring all who aspire to nurse for hire to understand at least the rudiments of nursing and fundamental principles on which nursing is founded, in other words the establishment of grades of nurses with supervision by graduate nurses in every county; third, by some form of support of a central country headquarters for such nurses. Such work would be large-

ly self-supporting, but as a rule some help would be needed especially at the beginning.

We are told that the principal ones to object to such a scheme would be the graduate nurses who fear competition from this class of workers. To this we have only to say that competition already exists and will undoubtedly not grow less. At present we have competition with absolutely no supervision or control of such nurses. Anyone, however ignorant or immoral, is at liberty to get out her "professional" cards stating that she is a nurse. She may not know how to make a bed, or even to boil water, but she can enter the sick room as a worker and practise an art of which she is entirely ignorant, or pretend to, and demand her pay. Present registration laws ignore her entirely, while meanwhile she flourishes and multiplies.

The graduate nurses can choose between competition without supervision and competition with it; competition with a measure of control or competition without it. They can retard the settlement of this important question by their attitude toward it, for a time, but right and order will eventually come out of the present chaos, if not with the help of those who now oppose them, in spite of them.

A Court of Honor.

Miss Mary A. Cotton, lady superintendent of the Lady Stanley Institute Training School of the General Protestant Hospital, Ottawa, Canada, has organized a "Court of Honor," which has for its members all pupils in training. Its object is to make the nurses self-governing—with limitations—responsible members of the school, dependent upon themselves for the

maintenance of all that is just and in keeping with standard requirements and the loyal observance of becoming conduct, and of the training school rules and regulations by each individual nurse and by the nurses as a body. We hope to present full particulars of this very interesting departure in our next issue.

The Hospital Review

Report of the Committee.*

To the American Hospital Association:

Your committee begs to submit the following report as the result of its investigations:

Introductory—In the report of the Special Training School Committee of last year, a general recommendation was made that another committee be appointed to investigate the nursing of people of limited means in their homes, and the education and training of nurses for this work.

Dr. Herbert B. Howard, president of the association, appointed as this committee:

Dr. Frederick A. Washburn, Massachusetts General Hospital, Boston, Mass.

Miss Mary M. Riddle, Newton Hospital, Newton, Mass.

Dr. Charles H. Young, Presbyterian Hospital, New York City.

The committee held its first meeting in Boston, December 14 and 15, 1909, and elected Dr. Washburn chairman and Dr. Young secretary. The second meeting was held in New York City, January 21 and 22, 1910. The following representatives of hospitals, training schools and nursing associations appeared upon invitation:

Miss Fraser, representing the Vincent Memorial Hospital, Boston, Mass.

Miss Hamilton, of the Nurses' Directory of the Boston Medical Library.

Mr. R. M. Bradley, representing the Brattleboro Mutual Aid Association of Brattleboro, Vt.

Dr. Frank W. Patch, representing the Framingham Hospital, Framingham, Mass.

Miss Starkweather, representing the hourly nursing service of the Boston Nursing Club.

Mrs. Henry L. Houghton, representing the Winchester Visiting Nurse Association, Winchester, Mass.

Miss Stark, representing the District Nursing Association of Boston, Mass.

Mr. E. B. Anderson, representing the Orange Memorial Hospital, Orange, N. J.

Miss Sybil C. Eden, formerly of the Easthampton District Nursing Association, Easthampton, Mass.

Miss Carolena M. Wood, representing the District Nursing Association of Northern Westchester County, New York.

Miss Juliana Conover, representing the Visiting Nurse Committee of the Princeton Village Improvement Society, Princeton, N. J.

Miss L. R. Pierson and Miss Honora Boulton, representing the Visiting Nurses' Settlement of Orange, N. J.

Miss A. M. Goodrich, representing the Association of Training School Superintendents.

The following were unable to attend, but were interviewed personally by a member of the committee: Miss Julia C. Hicks, R. N. in hourly nursing service in New York City, and a representative of the Metropolitan Life Insurance Company.

Letters were read from Miss Anna L. Alline, representing the New York State Education Department, and Miss F. H. Bescherer, representing the Albany Guild for Care of the Sick, Albany, N. Y.

The committee discussed the problem by considering the following ways in which patients of moderate means are being at present cared for in various places:

1. Trained attendants.
2. Individual hourly nursing.
3. Individual experienced nursing.
4. Insurance.
5. Undergraduate nursing.
6. Graduate nurses under endowment.

1. Trained Attendant—The attendant performs an excellent service for the community so long as she does only the work for which she is trained. The difficulty appears to be, according to the evidence of her teachers and the registries under whose supervision she works, that she is likely to overstep the boundary of her legitimate field and encroach upon the work of the graduate nurse. As she gains the confidence of the community and the doctor, her charges and her self-confidence gradually

*Presented at the twelfth annual meeting of the American Hospital Association, September 20-23, 1910.

increase, and she is caring for acute cases and others for which she has not received the proper training.

There seems to be a use for these attendants. One practical way of managing them is to have them work under the supervision of graduate nurses. Where a State has a proper registration law, and a suitable directory where both nurses and attendants may register, it is feasible for the person in charge to carefully explain the difference between nurses and attendants to people applying for nurses, and be sure that the physicians understand which they are getting. In this way the responsibility is placed upon the physician and family of the patient. A method by which the services of attendants may be utilized under supervision will be discussed later.

2. Hourly Nursing by Individuals—This seems to be impractical for the individual nurse, owing to the expense involved in its business management. The hourly nurse needs to have a capable person always on hand to answer calls, arrange conflicting dates and exert a personal influence in the general arrangement of the work. The only case we have found of successful individual hourly nursing is where the nurse is working among wealthy patients, with her home conditions favorable to a reduced expense account.

3. Individual Experienced Nursing—By the term "experienced nurse" we mean one who has had no hospital training, but who has acquired some experience through caring for sickness in her own or in other households under the doctor's direction. She will be considered later with the trained attendant, under the supervision of the graduate nurse.

4. Insurance—A form of insurance which would mean the payment by an insurance company of the wages of a graduate nurse during the illness of the policyholder or his family.

From the evidence we have obtained from people of authority in large insurance companies, we do not believe that responsible insurance companies would interest themselves in this, owing to the lack of morbidity statistics, the possibilities of malingering, the lack of knowledge of the individual, and the general difficulties of its business management. Possibly local or fraternal organizations could make a success of it because of their intimate knowledge of their members.

5. Undergraduate Nurses — Undergraduate nurses, under the supervision of their training schools, are being used in small cities where the families to which they are sent are known, or information about them is easily obtainable. It does not seem a practical plan for the large city or manufacturing community, where the possibilities of abuse are difficult to overcome, and the routine work of the training school in its relation to the hospital more exacting. It can never be wholly satisfactory, neither can it become a general custom, because of its ill effects upon the training of the nurse due to the lack of supervision of her work. This practice may be used to increase the earning capacity of the hospital and the necessity for increased earnings prohibits proper supervision. Consequently, the plan can never be a favorite with those who believe in thorough training for nurses.

6. Nursing by Endowment—This plan, we believe, offers the best solution of the problem. The question is not wholly one of nursing practice. In many families in moderate circumstances, sickness involves domestic problems, the daily housework, and the care of children.

With a central organization, under practical business management, it should be possible to use to advantage the graduate nurse, the trained attendant, the experienced nurse, and the necessary domestics.

The energies of the more expensive graduate nurse should be largely utilized in teaching her associates in the work, educating the families, directing the work of the untrained forces, and in hourly nursing where this service renders all the necessary help. Where the patient is sufficiently ill to demand the whole time of a graduate nurse this should be furnished through the acute stage of the disease, and during convalescence or chronic invalidism the patient may be transferred to the less experienced worker, supervised by the periodical visit of the graduate. In some cases all that is needed in the household is to furnish a cook or a laundress and thus release the whole or a part of the mother's time for the care of the patient, under supervision of the graduate nurse making visits as frequently as may be necessary. The theory would be to utilize the least expensive member of the force working under this endowment who can do the work efficiently.

It will be necessary to have a certain number of graduate nurses upon salary; perhaps in most communities it would be sufficient to start with one nurse and gradually increase the force as it becomes necessary. Probably the attendants should be upon salary, but the other workers can be called upon as their services are needed, and paid by the day or week as they do their work, or in whatever manner proves to be the most practical.

The source and general plan of endowment will have to be determined to a large extent by the local conditions of the community adopting the system. Possibly some form of local insurance can be worked out to help pay the cost. Fraternal and benevolent orders, churches, and other organizations doing charitable work would undoubtedly lend their support if they can be made to realize that the money invested would be more wisely expended by an especially equipped and organized system than by individual agencies. Every community should be able to furnish public-spirited citizens who would devote a part of their time and energy to helping to make a success of the enterprise, and whose business acumen would insure a proper management.

The patients, of course, should pay such portion of the actual expense incurred as they are able to meet. Where it is practicable, without saddling the family with too great a burden, they should pay the balance later as they are able.

It is often said that nurses should be encouraged to give their services in the class of cases which we are considering, or to sacrifice a part of their pay. Your committee believes that this is usually asking too much. Most nurses have only what they are able to save, and their wages are not high. It is necessary for them to provide for their old age. The solution of this problem should not be thrown upon the nurses.

Respectfully submitted,

FREDERIC A. WASHBURN, Chairman.

MARY M. RIDDLE.

CHARLES H. YOUNG, Secretary.

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American Mission Hospital at Sivas.

A good many small children have been among our patients this year, and it has gladdened our hearts to see how quickly they responded to good care. We like to have them,

as they brighten up the hospital with their happy little faces. Usually these children come from the poorest families, and often they have to be kept for months before a permanent cure can be effected. We kept one small boy with a tuberculosis knee almost a year, but now his knee is almost entirely well.

Our greatest need at present is a separate building for clinics. You know the hospital was built for a missionary residence, and while it is a good sized building for such a purpose, it is crowded full now. At present we are using the only available place in the building, the upper hall, as a waiting room for clinic patients. As all the rooms for female patients open into this hall, and as all kinds of cases are brought in for the doctor to look at, you can well imagine how ill-suited it is to such a use. It is hard also to keep the clinic patients from wandering into the wards and over other parts of the hospital.

Dr. Clark has the approval of the Board to a plan for raising funds during his furlough for a new clinic building. This would be near the hospital, but on the street, where we believe the drug store would get more trade. It would contain, in addition to the drug store, waiting rooms for clinic patients, offices, and sleeping rooms for the nurses. This would eliminate from the hospital all except actual patients, give room for larger wards and more surgical cases, and make the medical work much more effective. We are earnestly hoping that Dr. Clark will succeed in this project. Sivas, it is said, will soon be a great railroad centre, and the need for a large medical work will be even more imperative than it is at present.

We do not know what the coming year has in store for us, but we know that God has blessed us in the past, and we are confident that He will continue to do so in the future. It is not certain how we shall get through the year financially with Dr. Clark away. Owing to the kindness of friends we have been able to buy all our winter supplies. Our hospital cook has contributed one-quarter of his salary all the year to help the poor sick. The prospects are for less paying work during the doctor's absence, and this will reduce our ability to help the needy. It is hard to turn the poor sick away for lack of funds to aid them, and we hope this will not be necessary. We thank

all our friends for their help in the past and ask them not to forget us this year. We especially need their prayers this coming year that wisdom and strength may be given us to carry on this important work in the way our Master would have us do it.

LILLIAN F. COLE, Head Nurse.

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Rockefeller Institute.

Better to encourage the purposes of the Rockefeller Institute for Medical Research, and to maintain and develop its new hospital, which is free to all, and is designed to observe and treat rare and selected diseases, John D. Rockefeller has made an additional gift of \$3,820,000 in securities to the endowment of the institute. This makes the total income-bearing endowment of the institute \$6,420,000, and the total amount of Mr. Rockefeller's gifts to the institute, including lands and buildings and earlier gifts for medical research, \$8,240,000.

The hospital, in conjunction with the laboratory will utilize every agency of modern science in the study and treatment of selected diseases, in the expectation that such work will cure and point the way to discoveries that will be of universal benefit. The diseases that will receive first attention at the hospital are infantile paralysis, pneumonia, diseases of disturbed metabolism, and heart disease.

And since treatment at the hospital, in addition to board and bed, will be absolutely without charge, the hospital will profit largely by this new and necessary income. It is not, however, to be regarded as a separate institution, but merely as a part of the working equipment for medical research controlled by one board of directors.

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Duluth Hospitals.

Perhaps a few items concerning our local hospitals will interest the readers of THE TRAINED NURSE AND HOSPITAL REVIEW. We have four large hospitals, namely, St. Mary's, St. Luke's, Dr. Graham's private hospital, and a City Hospital in progress, which is almost finished.

The City Hospital will have no training school, as far as is known, but will be up to date in every other respect.

St. Mary's, or the Sisters' Hospital, is one of the largest in the Northwest. It has a training school, a well equipped operating room, a

large sterilizing room. Several additions have been made recently, and the detention ward enlarged. Sister Superior, or Sister Helena, who has had twenty-eight years of service and is one of the most able nurses of the Northwest, is in charge of the institution. Dr. Magee is the staff surgeon, and has a fine reputation for his brilliant surgical work.

St. Luke's Hospital is conducted by the St. Paul Episcopalians, and is in charge of Dr. Ryan. Miss Miller, superintendent of the Training School, is much liked by nurses and patients.

Dr. Graham's hospital, located in West Duluth, is a very reliable and popular institution.

MAY PATTERSON.

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Notes and News.

The training school force at the City Hospital, East Liverpool, Ohio, has been increased from twelve to eighteen. Miss Nellie Parrish is superintendent.

Miss Margaret Stoddard has been appointed superintendent of Ellsworth Hospital, Iowa Falls.

Miss Rosanna O'Donoghue has been reappointed superintendent of the New Hampshire Memorial Hospital for Women and Children, Concord.

Miss Anna Louise Davis has resigned her position as superintendent of the Evanston, Ill., Hospital.

Miss Agnes Bushfield has resigned from the superintendency of Western Hospital, Toronto.

Evanston, Ill., Hospital has received for endowment \$500,000 from George M. Patten. It is to be known as the Agnes and Louise Patten fund.

A \$30,000 addition is to be made to St. Luke's Hospital, Fargo, N. D.

The Rhode Island Hospital, Providence, had a daily average of 320 patients under treatment in 1909, as compared with 289 in the preceding year. A total of 6,464 patients were treated during the year.

The Editor's Letter-box

THE EDITOR IS NOT RESPONSIBLE FOR THE VIEWS OF CONTRIBUTORS

The Poultry Business for Nurses.

To the Editor of The Trained Nurse:

In response to your request in the October issue as to suggestions for investment for nurses, I submit the following: The raising of poultry is now recognized as an important and very profitable branch of the live stock industry.

The work is pleasant and well within the capacity of a woman's strength. She is also, probably through the maternal instinct, better equipped to make a success of it than a man, because she cares more for, and will take greater pains to secure, the comfort of her fowls. So far, however, I understand there are more men than women who have taken up this work as a means of livelihood.

There is one millionaire poultryman, and large sums, in one case amounting to \$70,000, have been invested in poultry plants.

Many have also made a complete failure, and their lack of success is due to a number of things.

In the first place, the work demands the same close application and attention to details, combined with good common sense, as any other business. It also calls for a fair knowledge of sanitation, cleanliness, ventilation, diseases and their symptoms and the proper remedies to apply promptly, since delays are generally fatal. Plenty of pluck and perseverance are needed, too, to carry one through disasters which are unavoidable.

There is an abundance of good poultry literature which displays an admirable spirit of helpfulness on the part of those who have been successful.

It has been stated that one ought not to attempt to start in the poultry business as a means of support with less than \$450 capital. So that those who can command from \$1,500 to \$3,000 in addition to their nurse training ought to be able to make unusual progress.

Nowadays some, and probably all, of the State Schools of Agriculture maintain a poultry department where up-to-date instruction is given free of charge.

Mr. Philo has recently opened a fine institute where, judging from his book, the instruction will be of the very best.

My advice to those who feel drawn to the work is this: Plan to take a course at the best available place possible. Next visit at least two successful plants. Then select your breed and start in.

With the amount of capital mentioned, the course at some school and her nurse training, which will be a valuable asset, she ought, within two years, to have a flock of fowls which should yield an income ranging from \$100 to \$200 per month.

L. L. HUDSON.

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Investments for Nurses.

In answer to your request for opinions of nurses regarding the investment of money and change of occupation for those who wish to do less strenuous work, or who wish to take up something different, I will offer my opinion after ten years of institutional and private practice, gained in managing and working in private and public institutions in many different States.

In the first place, I warn all nurses from investing their hard earned money in a private hospital.

In the first place, to buy or build a thoroughly modern hospital requires a much larger sum than most nurses possess, unless she be one of those romantic nurses figured in novels, whose grateful patient makes her the leading heir in his fortune.

And to begin life in a private hospital consisting of an old dwelling converted into just a suggestion of a hospital means work. To begin with a mortgage on it means a loss of what you invested, connected with a few gray hairs and sleepless nights.

In the second place, you have to deal with the rivalry of the medical profession which often goes so far as to have them dictate to you which physician's cases you can care for.

You also have to deal with the criticism of

the people at large, and last of all the patients.

The great trouble lies in the fact that a nurse feels she can do nothing else but nurse. Now that is a mistake.

One of the safest investments of to-day lies in real estate, either city property or land. Do not go in beyond your means, so you will have something to worry about.

While you are waiting for your investment to grow, do some less strenuous work than nursing. Try a course in scalp treatment and facial massage; try fitting up a home where you can keep infants for a couple of hours while their mothers go shopping, to parties, etc., at a reasonable fee by the hour. Why not try an office position in an M. D.'s or dentist's office?

My method which I took may help some. I came West four years ago with seven hundred dollars cash and purchased a ten-acre irrigated tract for \$1,500, payable in four equal payments in four years.

I planted six acres of young Winter apple trees and planted potatoes between the trees each year. The land I rented each year.

My potato crop brought me in a nice interest on my investment each year, and two years ago I paid for it in full.

I now have expectations of a lucrative orchard in a couple of years, one thousand dollars in cash to build a nice home on my land, if I choose to live on it, and I can quit the nursing profession any time I choose. I am in excellent health and happy, and have nobody to dictate to me the way to run my affairs.

Hoping this may be of benefit, I remain,

Sincerely yours,

AN IDAHO NURSE.

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Lost Illusions.

To the Editor of The Trained Nurse:

I have just been reading the last number of your magazine, and it has caused me to pause and ponder on the unconscious sarcasm of many of the articles.

Do not think that I am bitter, or that I have seen very little of the nursing profession, for I am myself one of the profession. I have seen the inside life of hospitals and training schools, and know whereof I speak.

And now, dear Editor, tell me this: Why

are nurses almost invariably more or less deceitful, unfortunately not any too truthful, indiscreet and given to talking to one patient of another, looking out almost solely for their own advancement, poorly educated as a class, and utterly scornful, if not entirely ignorant, of the beauty of these lines of Wordsworth—

"Give unto me, made lowly wise,
The spirit of self-sacrifice,
The confidence of reason given,
And in the light of truth
Thy bondman let me live."

—material and seeking only their own advancement? Why are more than 75 per cent of nurses so self-centred, so engrossed in their own petty affairs, that the whole boundary and horizon of their lives is encompassed by the limitations of their own petty ego?

When I left college, some seven years ago, the day that my class graduated, our class president, a girl of infinite charm and sympathy, spoke a few farewell words, telling us that as we went out into the world, that the great forces of life were love, service and sympathy, and that only as we interpreted life by their means would we live it in the full beauty, know and feel and comprehend something of the Divine beauty of unselfishness.

Do such thoughts as these animate a nurse in training to-day? Whatever the ideals of the past, do we not find in the training school to-day the great majority (observe, please, I do not say all) of the nurses filled with a petty spirit of jealousy, striving for their own advancement only, and a great many very much afraid of accidentally doing a little too much work?

Now possibly, dear Editor, you think I am speaking from a very limited experience of nurses, but such is not the case, believe me. Among nurses I have found whole-souled, noble women, women of high unselfishness and single-hearted purpose, whose lives refute all these charges that I have made. But how few are they, how infinitely feeble their influence, beautiful as it is, among the self-centred selfishness and narrowness of the many thousands!

Tell me, if you can, that I am wrong; restore to me, if possible, the lost beauty of a great faith in the profession, done to death by actual, living knowledge of conditions whereof I speak.

A NURSE.

Book Reviews

Fever-Nursing. By J. C. Wilson, M. D., Professor of the Practice of Medicine and of Clinical Medicine of Jefferson Medical College, Visiting Physician to the Jefferson and Pennsylvania Hospitals, etc. Price \$1.00, post paid. For sale by the Lakeside Publishing Company.

This book has been reviewed so many times in our magazine that it would seem hardly necessary to mention more than that it is the sixth edition, revised and enlarged. But for the benefit of any not familiar with the work we would state that the pages embody the substance of a course of lectures on Fever-Nursing, originally delivered before the nurse class at the Philadelphia Hospital. The author has sought to treat the subject in plain words and from the standpoint of the physician to teach not only, *how* fever patients are to be cared for, but also *why* they must be cared for in particular ways. The author believes that many books found in nursing literature are loaded down with anatomical and pathological detail impractical for the student of nursing to master among her other duties in the ordinary course, and having little bearing, either theoretical or practical, upon her life work. Others are burdened with directions and explanations much more minute and lengthy than, as it appears to the writer, the subjects require. To take the middle course, avoiding on the one hand irrelevant and theoretical matter and on the other unnecessary detail in familiar things, has been the aim constantly in view in the preparation and revision of the book. The book contains a number of valuable charts.

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Pocket Encyclopedic Medical Dictionary, by Clarence W. Taber; Nicholas Senn, M. D., Ph. D., associate editor. Bound in black flexible leather, 418 pages. Price \$1.50.

This is practically Taber's Medical Diction-

ary for Nurses, such as has been on sale for the last few years. A handsome flexible leather cover, with the printing in gold, has been added. A paragraph has been added to the Preface, a slight re-arrangement of the Index has been made, and four pages of Medical Laws, regulating practice in the United States and Territories, has been added in place of an equal number of blank pages which appeared for memoranda in the previous editions.

To all intents and purposes, therefore, it is the same book. But while this is the case, it does not decrease the value of the book as a book. A great deal of labor was spent in compiling this work, and when one has once learned to use it and its cross index system there is no doubt that it will be found a mine of information.

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A Text-Book on the Therapeutic Action of Light, Including the Rho Rays, Solar and Violet Rays, Electric Arc Light, the Light Cabinet. By Gorydon Eugene Rogers, M. D., formerly Demonstrator of Anatomy in the University of New York City, with original illustrations. Price \$3.50. For sale by the Lakeside Publishing Company.

During the last twelve years, Dr. Rogers has devoted a very large portion of his time to light therapy. In this book it is his desire to give such information about the different colored rays and various methods of their employment that the book will be of service to the physician in actual practice.

In the preface he has aimed to give an unbiased account of the results of the treatment in cases coming under his own observation, and also that of his professional friends and acquaintances whose standing is such as to place their statements beyond question, and he has given both his successes and failures, believing that valuable information may be drawn from both.

In the Nursing World

ARTICLES IN THIS DEPARTMENT, WHETHER BEARING SIGNATURE OR NOT, ARE CONTRIBUTED, AND DO NOT NECESSARILY REPRESENT THE IDEAS OR POLICY OF THIS MAGAZINE

Changes in the Nurse Corps of the United States Navy.

APPOINTMENTS.

Julia T. Coonan, New Haven City Hospital.
Margaret Pierce, New York City Hospital, with service in U. S. Army Nurse Corps and Isthmian Canal Hospital Service.

Edna E. Stimpson, St. Luke's Hospital, New Bedford, Mass.

Marguerite Taylor, Newark City Hospital.

Emily C. Smith, Philadelphia City Hospital, late of the Isthmian Canal Hospital Service.

Anna B. Annette, Garfield Memorial Hospital, Washington, D. C.

Lucy C. Cooper, Hospital of the Good Shepherd, Syracuse, N. Y.

Elsie T. Patterson, Presbyterian Hospital, New York City.

Mary M. Robinson, Jefferson College Hospital, Philadelphia, Pa.

REGISTRATIONS.

Tella B. Erwin and M. Estelle Hine.

TRANSFERS.

From the Naval Medical School Hospital, Washington, D. C., to the Naval Hospital, Canacao, P. I.—Mrs. Florence T. Milburn, chief nurse; Elsa H. Claffin, Jennie M. Reed, Susie I. Fitzgerald, Margaret D. Murray and Maud L. McKennie.

From Naval Hospital, Annapolis, Md., to Naval Hospital, Canacao, P. I.—Martha Hamlin.

From Naval Hospital, Norfolk, Va., to Naval Hospital, Canacao, P. I.—Mary H. Humphrey.

To Naval Hospital, Annapolis, Md.—Evelyn W. Jefferson.

From Naval Medical School Hospital, Washington, D. C., to Naval Hospital, Norfolk, Va.—Lily E. White and Claribel M. Pike.

ESTHER V. HASSON,

Superintendent Nurse Corps, U. S. N.

Philippine Service.

The United States Civil Service Commission announces an examination on November 30, 1910, to secure eligibles from which to make certification to fill a vacancy in the position of anaesthetist (female), Philippine General Hospital, at \$1,800 per annum, without board and quarters, and vacancies requiring similar qualifications as they may occur in the Philippine service.

It will not be necessary for applicants to appear at any place for examination. Their eligibility for the position will be determined upon the evidence furnished in examination form 375 concerning their education, training and experience.

Applicants are desired who have had at least one year's experience in the administration of general anaesthetics in institutions for the care of the sick.

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Missionary Service.

Three nurses for hospitals in China and India.

Central India—A thoroughly trained nurse for a large orphanage at Cawnpore.

A trained nurse for a hospital at Taiku, Korea. The missionary appointed will be expected not only to assist in the hospital, but to train Korean nurses for the work. This is a wonderful opportunity.

A trained nurse for Hengchow, Hunan, China.

Two experienced nurses for hospital at Ludhiana, South India. Nearly 1,400 in-patients and 25,000 out-patients were treated in this hospital during the year 1908-09. This need is very urgent indeed.

A trained nurse for China.

Three nurses are needed immediately in the Presbyterian Hospital at San Juan, Porto Rico. They should all be devoted missionary workers. Two of them should be thoroughly



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THE AGED.

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Bloomfield, N. J.

trained in actual successful hospital experience; the other would be valuable if, in addition to knowledge of nursing, she were capable of taking temporary assignments in other hospital work during the absence of different workers. Knowledge of the Spanish language will be very valuable. Must be physically capable of doing work in this tropical climate. Term of service is five years.

Four nurses for China and Philippines.

Eastern Turkey—Dr. Thom, of Mardin, calls for a nurse to assist him in his work and to take charge of training native nurses.

Central Turkey—A nurse or physician at Hadjin, the nearest medical aid being at Adana.

At Aintab, the medical work presided over by Drs. Shepard and Caroline Hamilton, assisted by Miss Alice Bewer, a trained nurse, calls for a second fully trained missionary nurse.

China—There is a call for a nurse in Foochow City in connection with the Woman's Hospital.

Philippine Islands—Dr. Sibley is building a hospital at Davao, for which he needs a nurse who can be superintendent. This is pioneer work in the great island of Mindanao, and opens up splendid possibilities of usefulness. The need is urgent.

Philippine Islands—One trained nurse.

India—A trained nurse to be stationed at Kolar.

For particulars apply to Mr. Wilbert B. Smith, Acting Candidate Secretary, 125 East Twenty-seventh street, New York City.



Massachusetts.

The post graduate course of four and one-half months of the training school for nurses of the Free Hospital for Women, Brookline, has been continued, giving to nurses holding a diploma from a recognized training school a course in gynecological nursing. This includes assisting at out-patient examinations and treatment, preparation for operation, operating room assisting and after-care of surgical patients.

The graduates and graduating class were given a reception in June by Dr. William H. Baker. Miss Motley and Mrs. Sumner Hollingsworth, of the Ladies' Board, presided.

There have been some changes in the head nurses during the past year. Miss Jessie Davis, formerly operating room nurse, is doing private nursing in Brookline. Her position is filled by Miss Edna Haskins. Miss Grace E. Fowle still continues as assistant superintendent, Miss Clara J. Hodnett, head nurse in recovery ward, and Miss Isabel Robinson, head nurse in out-patient department, and Miss Mary Welch as head nurse in the convalescent surgical wards.

Two classes have been graduated and the following given diplomas: Misses Sarah Flatley, Julia Loftus, Anna B. MacCuspie, Isabel Robinson, Carrie M. Freeman, Bertha Moore, Minerva E. Bentley, Nellie T. Shea, Adams, Welch, Mrs. Rose C. Armstrong, Mrs. Mary A. Donahoe, Misses Maud Kickham, Trenetta M. Corkum, Frances G. Marksby, Ella R. Jardine, Stella Williams, Mae L. Madden, Annie Allen, Mary Allen, Mrs. Frieda Olson.

Two courses of lectures were given during the year, as follows:

Gynecological Nursing: Preparation of patient, room, instruments and dressing—Dr. Edwin B. Nielson.

After-treatment and care of gynecological cases—Dr. Frank A. Pemberton.

Anesthesia: Preparation of patient, administration and after care of patient—Dr. Harold W. Baker.

Urinary Organs: Urinalysis, catheterization of bladder and ureters—Dr. Henry T. Hutchins.

Surgical Sepsis: Asepsis, antisepsis and bacteriology of sepsis—Dr. Stephen Rushmore, Dr. Richard G. Wadsworth.

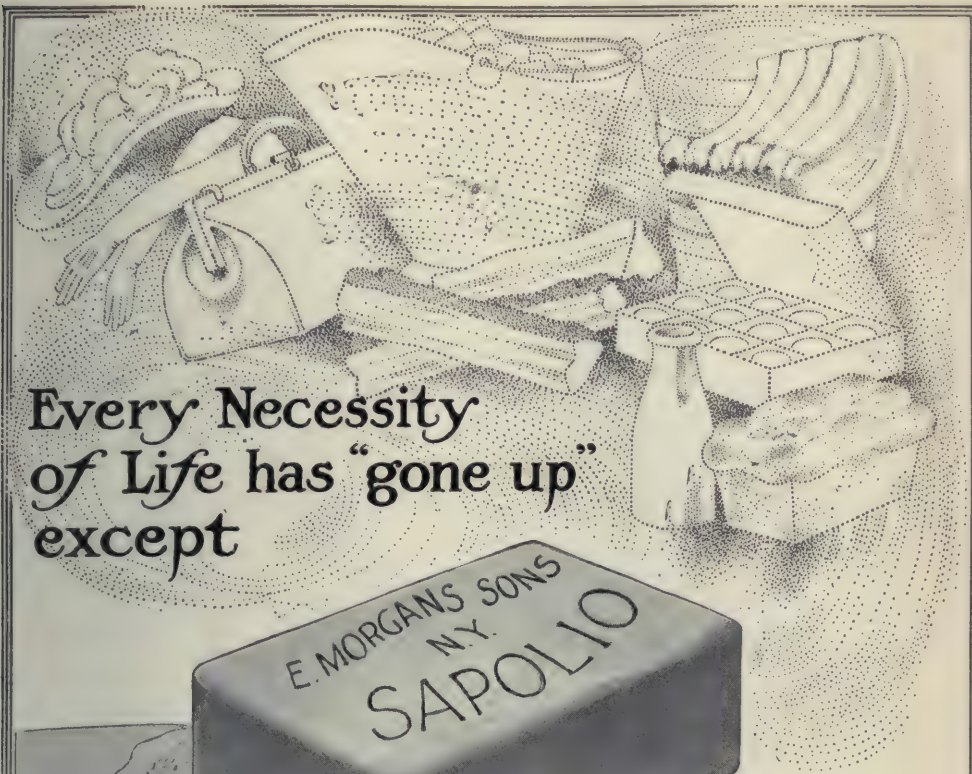
Abdominal Tumors—Dr. Richard G. Wadsworth.

Nursing in private surgical cases—Dr. William P. Graves.


Ethics of nursing—Dr. William H. Baker.

The Fall meeting of the New England Association for the Education of Nurses will be held in the John Ware Hall, of the Medical Library Building, 8 Fenway, Boston, Mass., on Wednesday, November 30, at 8 o'clock in the evening.

The topic of the meeting will be "The New Registration Law; What It Means and Its Advantages." The members of the Massachu-



Every Necessity
of Life has "gone up"
except



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SAPOLIO

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the great necessity—still doing the work, reducing drudgery, lightening labor, saving time and money. It is still the large, solid, unwasting cake, still sold at the same price, and it still

**Cleans, Scours, Polishes—
Works Without Waste**

setts State Board of Registration will be the speakers of the evening, and it is hoped that all present will join freely in a general discussion.

The public is cordially invited to attend and take part in the discussion.

The sixteenth annual meeting of the Massachusetts General Hospital Alumnae Association was held in the Thayer Library, Boston, October 25. There was a large attendance. The following officers were elected to serve for two years:

President, Miss Esther Dart; vice-presidents, Miss Bessie Fullerton, Miss M. E. Booker; secretary, Miss Jean C. Cartwright; treasurer, Miss Anna H. Smith; auditors, Miss Annie Fletcher, Miss Minnie Haggart.

On Saturday, October 15, a farewell party was given to the nurses at the home of the Massachusetts Charitable Eye and Ear Infirmary in honor of Miss Mary R. Matthewson, who, after two years of faithful service as head nurse in that institution, is about to take up missionary work in the Philippine Islands. A beautiful silver travelling clock was presented to her by the nurses as a token of the affection and esteem in which she was held. She left Boston on the 18th, and is now on her way to the Philippine Islands, where she expects to open a hospital and establish a training school for native nurses at Davno. She will be the first nurse to go to that island, and the undertaking will no doubt be both arduous and perilous.

Miss Matthewson is a graduate of the New England Hospital for Women and Children, and a member of the Guild of St. Barnabas for Nurses. At the last meeting of the guild it was with deep sorrow that we learned of her departure from amongst us, but she will not be forgotten; the members of the guild will keep in touch with her, ready to help in case of need. At the next meeting the prayers of the church will be offered for her. Miss Matthewson is a remarkably clever and most lovable woman—one of those rare, beautiful characters who seem to have the power of bringing out what is best in those with whom she comes in contact. To know her was to love her. She is bound for five years to the

work she has undertaken, leaving all those she loves behind and going among strangers in a far-off and barely civilized country. She said when leaving that what she would miss most would be the services of the church. Bravely she has followed in the footsteps of the Apostles, who left all and followed Him, and the Master she loves will be with her even there, for has He not said, "Lo, I am with you even unto the ends of the world?"

ETHEL M. BIBER.

The regular monthly meeting of the Malden Hospital Nurses' Alumnae Association was held at the Nurses' Home Tuesday, November 1, at 3 P. M. Mrs. Lowry, superintendent of the Malden Hospital, gave a very interesting talk on her personal acquaintance with the late Isabel Hampton Robb, and also spoke on State registration. Tea was served and a social time enjoyed by all.

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Rhode Island.

The first public graduation exercises of nurses of the Woonsocket Hospital were held October 5. Dr. William C. Monroe, of the Medical Board, presided, and with an appropriate address presented diplomas to Miss Eleanor Carlton, Miss Blanche McNeill and Miss Cora Adams. Dr. L. R. G. Crandon, of Boston, gave an interesting address on professional ethics. A letter of congratulation to the class was read from Dr. Maurice H. Richardson, of Boston. Letters were also read from His Honor, Mayor Mullen, and Colonel McNeill, of Nova Scotia, the father of one of the graduates. There was a musical programme under the direction of Mrs. Evelyn Cook. The good work which the hospital has done will be continued and gives great promise under the direction of Miss H. E. M. Fens-
ted, who is eminently fitted for the important and responsible position which she occupies.

Miss Helen Parker, 27 years old, superintendent of the district nurses of the Newport Hospital, was struck by an automobile on Broadway, Newport, October 20, sustaining injuries from which she died soon afterward without recovering consciousness.

Miss Parker came from Walton, Nova



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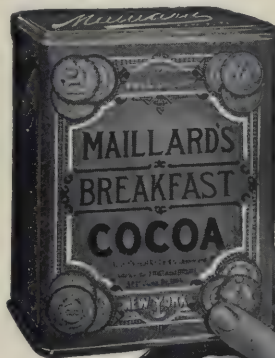
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Scotia, and was a graduate of the Newport Hospital. She had been superintendent of the District nurses for a year.

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Connecticut.

The regular monthly meeting of the Alumnae Association of Connecticut Training School for Nurses, New Haven, was held November 4. The meeting was opened by Miss Jeannette Down, first vice-president, Miss Stack, the president, coming in later. Mrs. Isabella Wilcox, our former secretary, from Pine Meadow, was present. Mrs. Wilcox was elected from the floor secretary pro tem., to fill out Miss Julia T. Coonan's unexpired term, Miss Coonan resigning to accept a position in the Army and Navy Nursing Corps at Washington. After a brief business meeting a motion to adjourn was carried. When this number reaches our friends our fair will be a thing of the past, and we sincerely thank the hospitals who so generously responded to our appeal for doll nurses, also all other friends for all the articles which they so kindly sent us, and to THE TRAINED NURSE for its generous offer.

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New York.

The ninth annual convention of the New York State Nurses' Association was held at the Hotel Seneca, Rochester, October 18, 19 and 20. A superintendents' meeting was held on the morning of the 18th, at which Miss Anna Goodrich presided. At the afternoon session reports of officers and committees were the chief features. Rev. Paul Moore Strayer gave the invocation, and the greeting to the nurses was extended by Miss Sophia Palmer.

Mrs. Twiss called for the reading of a letter to the association written by Miss Lavinia L. Dock, R. N., of New York, voicing a protest against the Page law and asking for the indorsement of the association. After a discussion, in which many delegates took part, including Dr. Lois L. Gannett, of Adams, the association unanimously indorsed Miss Dock's protest, and voted to contribute a sum of money to aid in distributing literature against the Page law.

At the morning session of the 19th three interesting papers were presented: "What Rochester Is Doing for Her School Chil-

dren," Katherine G. D'Olier; "Preventable Blindness," Carolyn C. Van Blarcom; "Obstetric Nursing," Nancy E. Cadmus. At 1:30 a luncheon was served at the Hotel Seneca and the afternoon was devoted to automobile rides. At the evening session two very important papers were presented: "The Relation of the Nurse to the Health of the Infant," George W. Goler, M. D.; "A Study of the Period of Early Adolescence," Marion Craig Potter, M. D. At the morning session of the 20th the papers read were: "Ethics—Institutional," Claribel A. Wheeler; "Private Duty," Rose M. Heaven; "Social Service Work for the Hospitals," Mary E. Wadley. Afternoon session: "Almshouse Nursing," Nellie Davis and Jane M. Pindell; "The Nursing of Contagious Cases," Louise F. Arnold; after which there was a discussion of the Red Cross work, conducted by Elizabeth Dewey.

The election resulted as follows:

President, Mrs. C. V. Twiss; first vice-president, Miss Anna L. Aline; second vice-president, Miss Freda L. Hartman; secretary, Mrs. Ernest G. H. Schenck; treasurer, Miss Lina Lightbourn; trustees for three years, Miss Katherine De Witt, Miss Charlotte Ehrlicher; board of nurses' examiners, Miss Bella J. Frazer and Miss Nancy E. Cadmus; executive committee, Miss Anna W. Goodrich, Miss E. Emma J. Jones and Miss Anna Maxwell.

The thirty-fifth annual commencement of the New York City Training School for Nurses was held at the Nurses' Home, Blackwell's Island, October 29. Diplomas were awarded to fifty-seven nurses, this being the largest class in the history of the institution. The Hon. Michael J. Drummond, Commissioner of Public Charities, presided with Edward S. Peck M. D. chairman. The exercises were as follows: Processional; annual report, Miss Jane M. Pendell, superintendent of Training School; addresses to the graduating class by Rev. William Z. Farrell, Robert Abbe, M. D., and Rev. Hugh Birkhead, D. D.; administration of Hippocratic oath and presentation of diplomas by Mrs. Cadwallader Jones chairman Advisory Board of school; address and presentation of prizes by the Commissioner; benediction by Rev. Hugh Birkhead, D. D. Following the exercises there was a reception in Brennan Hall from 5:30 to 7 P. M.



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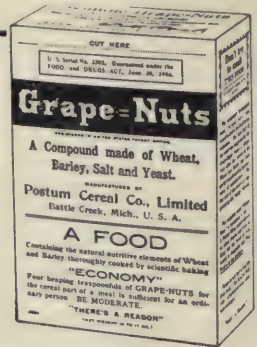
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At the meeting of the Kings County Registered Nurses' Association, held October 13 in the Kings County Medical Building, the Credential Committee reported that five alumnae societies had applied for membership, but only one had come in time to be voted upon, namely, the German Hospital. Miss Anna Davids, superintendent of Training School of Williamsburg Hospital, and Mrs. Stern, of St. John's Hospital, were received as new members. The following were appointed a nominating committee: Miss Tuttle, Miss Horrocks, Miss Warburton, Miss Pencheon, Miss Kurtz. Mrs. Walters was elected to represent Kings County in the Legislative Committee of the N. Y. State Nurses' Association. The association sent its president, Miss Parry, and Miss Dewey, as delegate to the State meeting in Rochester. The Brooklyn local Red Cross Committee invited the society to share with them the invitation to inspect the naval hospital ship Solace at the Brooklyn Navy Yard on October 15—a privilege greatly enjoyed.

A large party of Red Cross nurses visited the U. S. S. Solace, hospital ship, at the Brooklyn Navy Yard October 15. Through the courtesy of Surgeon Clark, the officer in charge, the nurses were shown every detail of the arrangements and equipment for taking care of the sick or wounded of the navy at sea. Hospital Apprentice Dailey and several other hospital apprentices underwent a minute cross-examination as to the rules and regulations concerning the nursing personnel of the ship, and were untiring in their efforts to explain the system of nursing at sea.

Among those who visited the ship were Miss Anna Davids, secretary Brooklyn Local Committee Red Cross; Mrs. Henricksen, Miss Tuttle, Miss MacFarlane, Miss Toupet, Miss Maynard, Mrs. Charles G. Stevenson, secretary State Committee Red Cross; Miss Parry, president Kings County Nurses' Association; Mrs. Ward, Jamaica Hospital; Miss A. C. Maxwell, member of National Committee Red Cross; Miss Ewing, Miss I. B. Nocum, secretary N. Y. County Nurses' Society, and Mrs. Mitchell.

The graduate nurses of the Williamsburg Hospital, Brooklyn, N. Y., organized on Octo-

ber 8, 1909, an association known as "The Alumni Association of the Williamsburg Hospital Training School for Nurses." The annual meeting was held at the nurses' home, October 14, and was attended by a large majority, at which it was decided to give a euchre this coming February for the benefit of the sick benefit fund.

New officers elected for the ensuing year are: President, Mrs. Mary Anderson; vice-president, Miss Sarah A. McCarron; treasurer, Miss Elsie E. Abrams; secretary, Miss Clara M. Naprstek.

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Pennsylvania.

The eighth annual convention of the Graduate Nurses' Association of Pennsylvania was held at Philadelphia, October 19, 20 and 21, at the College of Physicians.

Miss Roberta M. West, president of the association, occupied the chair, and brief addresses were made by Dr. Charles Burr, Dr. Walter S. Cornell and Dr. George E. de Schweinitz. Dr. Burr spoke of "The Nurse—Past and Present." "The Nurse as a Municipal Official," was discussed by Dr. Cornell, using as an illustration of her fitness for such work the campaign this Summer by the nurses of Philadelphia against infant mortality. "The Recognized Relation and Co-operation Between Doctor and Nurse," was the theme of Dr. de Schweinitz's discourse. Miss West spoke of what State registration has done for nurses.

In the evening a memorial service for the late Florence Nightingale was held in St. Mark's Protestant Episcopal Church, Locust street, above Sixteenth.

The morning session of the 20th was devoted to business and the reading of a paper by Miss Charlotte E. Perkins, on "Municipal Nursing." In the afternoon Dr. Alice M. Seabrook, head of the Woman's Hospital, read a paper on the "Curriculum of Training Schools. Dr. Seabrook outlined briefly the present system of teaching. The discussion that followed was led by Miss C. I. Milne, superintendent of the Presbyterian Hospital Training School.

Routine business was transacted during the morning session of the 21st and a paper was read by Miss L. A. Giberson on "The

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Care of Cancer Patients." "Red Cross Work" was the topic of the afternoon session.

The election of officers resulted as follows: President, Miss Ida F. Giles; first vice-president, Miss L. A. Giberson; second vice-president, Miss Nell MacAfee; secretary, Miss Annie C. Nedwill; treasurer, Miss Mary T. Weir Kerr. Directors: Miss Roberta M. West and Miss Sara M. Murray. The meeting closed with a reception at the Graduate Nurses' Club, No. 922 Spruce street.

Miss Ruth M. Hahn, of Reading, who will take charge of the Abounding Grace Hospital, at Schen Chowfu, Hunan, China, will sail from San Francisco, November 29 on the steamship "Siberia." She will be joined by Dr. William Kelley, the superintendent of the hospital, who will sail on the same ship.

Miss Hahn was graduated from the Woman's Hospital, Philadelphia, in 1909.

The twenty-seventh annual commencement of the Nurses' Training School of the Woman's Hospital, Philadelphia, was held in Clinic Hall, May 25, 1910.

The following nurses received diplomas: Elizabeth Charlotte Strecker, Nellie C. Shoe, Elizabeth Boyd Scott, Bertha May Steer, Bess A. Ulm, Marguerite Coe, Laura Hilda Ebert, Edith Robinson, Mary Lula Zachary and Mary Estelle Palsgrove.

The honors were awarded to the following: First prize, Edith Robinson; second prize, Bess A. Ulm; third prize, Elizabeth Boyd Scott; surgical prize, Elizabeth Boyd Scott.

It may be of interest to some to know that nurses were sent out from this hospital as early as 1862, though the first public commencement was held in March, 1883.

Miss Ophelia Rush, Class 1894, Allegheny General Hospital, has been appointed a State tuberculosis nurse, with headquarters in Pittsburgh.

Miss Ella J. Boyle, Class 1907, Allegheny General Hospital, has been dangerously ill of appendicitis, but after a successful operation she is now convalescent.

Allegheny General Hospital Nurses' Alumnae Association has elected the new superinten-

dent of nurses, Miss Gertrude Muldrew, R. N., an honorary member of their association, and gave a very delightful reception at the Hospital Nurses' Home, October 11, in her honor.

Dr. and Mrs. Meridith have returned from their wedding trip and are cozily located in their new home, No. 6371 Aurelia street, Pittsburgh, where they will be pleased to see their numerous friends. Mrs. Meridith was Cecelia J. McKinnon, Class 1907, Allegheny General Hospital, and was married at her home in Glencoe, Canada, August 24.

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New Jersey.

The semi-annual meeting of the New Jersey State Nurses' Association was held November 1 in the Free Public Library at Newark. Reports were read from the different committees.

The almshouse committee reported, and this work was discussed. The aim was explained to be the securing of trained nurses in all almshouses. A motion was carried that this committee confer with members of the State Federation of Women's Clubs. The Red Cross committee reported that five members had volunteered for Red Cross service.

Miss Margaret Hickey, of Englewood, told of the work of the federation of women's clubs especially in anti-tuberculosis work, and spoke of efforts made to obtain a pure milk supply. Miss Beatrice M. Bamber, of Perth Amboy, read a paper on "Registration," showing a consensus of opinion among medical men of the desirability of a registration law.

Miss Bertha J. Gardner, in an address, urged the association to be ready with a new bill for the Legislature by next year at least, and not permit New Jersey to lag in this movement. The thought was expressed that the New York law was good, but that experience had shown where it might be improved.

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Kentucky.

The Alumnae Association of the John N. Norton Memorial Infirmary, Louisville, held its annual meeting October 19 at the Nurses' Home. The following officers were elected for the coming year: President, Miss Eliza Johnson; first vice-president, Miss Elizabeth Robertson; second vice-president, Miss Grace



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C. James; secretary, Miss Emma Isaacs; treasurer, Miss Louise Scanland; auditor, Miss Russell Sprake.

Seven new members were admitted. After the regular business of the meeting, refreshments were served and a social hour followed.

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Connecticut.

The regular quarterly meeting of the Graduate Nurses' Association of Connecticut was held on Wednesday, November 2, at 27 Mainwaring street, New London. After the regular business was finished Miss M. J. Wilkins gave a short informal talk on "District Nursing and Settlement Work," followed by a social hour, during which time the nurses from other parts of the State were entertained by the nurses of the New London Registry.

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New Jersey.

The nurses' alumnae of the Hackensack Hospital held its annual meeting November 7 at the hospital.

The meeting was called to order by the president, Miss Emma Crum. New members were elected to membership. The following officers were elected for the coming year: President, Miss Crum; vice-president, Miss Harriet Leighton; secretary, Miss M. Musselman; assistant secretary, Miss K. Schreck; treasurer, Miss Mary J. Stone. An amendment to the constitution was unanimously voted for, calling for two directors to be chosen by the president. Those chosen were Mrs. A. A. Swayze and Mrs. St. John. A renewal of keeping the first Tuesday of each month as a social day was again agreed upon.

An interesting paper was read by Miss Fannie Forward.

The meeting then became a social one, refreshments being served.

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Personals.

Miss Hilda Winsted, who has been superintendent of the Platon Hospital, at Valley City, N. Dak., for the past ten years, has resigned her position and, after a vacation, will take up private nursing.

Miss Mary Howard Saxton, for the last few years head nurse of the dispensary department of the Johns Hopkins Hospital, has resigned her position, being succeeded by Miss Alice Fitzgerald.

Miss Mary E. Forman has been appointed head surgical nurse at the Louisville City Hospital, Louisville, Ky.

Miss Lela F. Baggerly is engaged in private nursing in Louisville, Ky.

Miss Lilly Garard has received the appointment of superintendent of Hope Hospital, Fort Wayne, Ind.

Miss Angie Brooks, who for the past three years has been the efficient head nurse at the Mary Packer Hospital at Sunbury, has resigned to accept the position of head nurse in the new People's Hospital at Sayre, Pa.

Miss O. B. Storey has been appointed superintendent of nurses at the Physicians and Surgeons Hospital, Wilmington, Del.

Miss Pearl Wilson has been appointed superintendent of the Burge Deaconess Hospital, Springfield, Mo.

Miss Lena G. Townsend has been appointed superintendent of the Coatesville, Pa., Hospital.

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Births.

On October 2, to Dr. and Mrs. Ralph Whitaker, a daughter, Helen Louise.

Mrs. Whittaker was Nellie Ullery, Class 1909, Allegheny General Hospital.

On October 31, to Mr. and Mrs. Howard Moore, a son, Robert Stuart.

Mrs. Moore was Alberta Webb, Class 1909, Allegheny General Hospital.

Obituary.

On October 22, at her home in West Bridge-water, Pa., Mrs. J. E. Long, who was Mary E. Ramsey, Class 1906, Allegheny General Hospital.

Mrs. Long died of pericarditis, having been ill only a few hours before her death. The shock to her relatives and numerous friends is indeed very great. A particularly sad feature is that her five weeks' old baby will never know the good woman God gave her for a mother.



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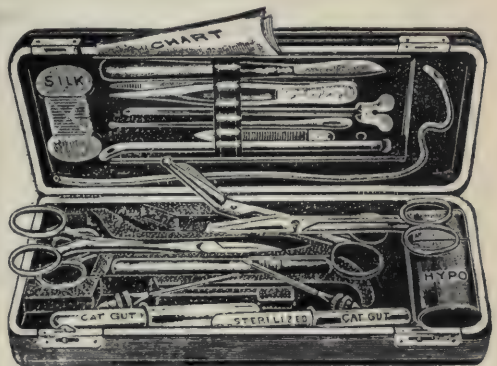
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To one-third of a cup of Baker's Cracked Cocoa (sometimes called "Cocoa Nibs") use three cups of cold water; cook slowly at least one hour—the longer the better. Then strain the liquid and add one cup (or more if desired) of milk, and serve very hot. Do not allow the mixture to boil after milk has been added.

+

In Cold Weather, Too.

Horlick's Malted Milk is a practical solution to the diet problem in many diseases incident to cold weather and sudden changes of temperature. Served hot and flavored to suit the taste, it is grateful and sustaining in la grippe and bronchitis. As its nourishment is available with the minimum digestive effort, it meets the indications as no other liquid diet in pneumonia, diphtheria, pleurisy and nephritis.

+

Listerine.

In confinement cases its exceedingly agreeable properties and the readiness with which it disinfects offensive lochial discharges has caused the extensive employment of Listerine in the lying-in room as a general cleansing, prophylactic or antiseptic wash. For vaginal douches and injections one or two ounces of Listerine in a quart of warm water is generally sufficient.

+

A Tonic.

The most important time to take a tonic is during convalescence following any disease that causes exhaustion, such as pneumonia, la grippe, influenza or the weakness following fevers, and no remedy is so effective as Horsford's Acid Phosphate. It is acceptable to the most delicate stomach, insures normal digestion, rapidly increases the strength. It is, therefore, the tonic par excellence in all weakened conditions following exhaustive diseases.

+

Post-Grippal Asthenia.

Of all the acute infections none seems to be followed by such general prostration as la grippe. As the Irishman aptly described it, it is "the disease that keeps ye sick for a month after ye get well." It is, therefore, distinctly the part of clinical wisdom to inaugurate a vigorous reconstructive campaign as soon as the febrile movement subsides. Plenty of fresh air, an abundance of nutritious but easily

digestible food, and regular doses of Pepto-Mangan (Gude) constitute a trio of therapeutic measures of marked benefit.

+

A Testimonial.

New Rochelle, N. Y.

Mr. Hallbeck:

Dear Sir—Your letter received some time ago. Just a word in reference to my work. Your method of massage has been and is highly appreciated by physicians here in New Rochelle and suburban towns, as I have, in fact, a very fine practice, and I have accomplished much good among my patients. Thanking you kindly for your good instruction, I am, yours very truly,

E. FRANCES HAWLEY.

+

Sturm Signal System Relays.

The wiring is exactly the same as ordinary electric light wiring where the lights are controlled by switches of either the pendant or pull-chain type. The power leads from the outlet box come first to the Sturm Signal System Relay. The signal leads, two in number, run from the signal box along the corridors. From these leads are tapped off branch leads to the signal lights. These lights are mounted on the walls in the corridors over the doors of the rooms or wards.

+

Ergoapiol (Smith).

In the amenorrhea of "shop-girls" debilitated by overwork and insufficient exercise, Ergoapiol (Smith) has proved particularly beneficial. It is likewise notably serviceable in scanty menstruation of women who have borne children in rapid succession.

In cases of acute suppression arising from sudden exposure to cold or dampness, change of climate, shock or similar causes, the preparation should be administered in doses of one capsule three or four times a day until the function has been re-established.

+

The Welkom Warmer.

Those nurses who have not yet acquainted themselves with this wonderful new device, which is attracting the attention of physicians and hospital authorities as the most modern, sane, safe and effective substitute for the antiquated hot water bottle, should write to the Welkom Warmer Manufacturing Company, 108 Fulton street, New York City, and, men-

Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases

The PHILADELPHIA ORTHOPAEDIC HOSPITAL AND INFIRMARY FOR NERVOUS DISEASES, in which instruction in massage, corrective and re-educational gymnastics has been given for fifteen years, now proposes to extend and enlarge the scope of this teaching, and offers a course in these subjects which it is believed, with the great variety and quantity of material for observation and practice at the disposal of the hospital, cannot be equaled in this country.

During the year 1908 the number of treatments given in the out-patient department by pupils in the massage and medical-exercise course exceeded ten thousand. Besides this advanced pupils have opportunities of giving general and special massage to patients in the hospital under supervision of the instructors in the course.

The subjects covered by the course will include instruction in the treatment by massage of general diseases of nutrition, neurasthenia, hysteria, chorea, etc., and by massage and exercise in cerebral and spinal paralysis, infantile palsy, traumatic injuries of the spinal cord, dislocations, joint adhesions, disabilities following fractures, burns, scars, etc.; spinal curvature and other postural deformities, flat foot, club foot, contractures and the handling of locomotor ataxia by precision and co-ordination exercises.

The instruction will occupy about seven months, beginning in October, 1909. Lectures will be given by Dr. J. K. Mitchell, Dr. Wm. J. Taylor, Dr. G. G. Davis, Dr. Frank D. Dickson and Dr. Wm. J. Drayton, Jr., while the practical teaching occupies from three to four hours daily.

Examinations both practical and theoretical are required at the end of the course.

Those desirous of entering the class, which will be limited in number, should apply to the superintendent of the hospital, who will send a circular with details of the requirements for admission. The fee for this course is \$100.

A shorter course of instruction in the therapeutic uses of Electricity, suitable for pupils, may be taken with the mechano-therapy or separately.

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tioning **THE TRAINED NURSE**, will receive a free booklet, thoroughly explaining the advantage of this new method, and the special inducements which are offered to the profession.

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By means of **Cord. Ext. Ol. Morrhuæ Comp.** (Hagee) the patient may enjoy the great advantages of cod liver oil and be relieved of its distressing features. The plain oil frequently gives rise to gastric distress. **Cord. Ext. Ol. Morrhuæ Comp.** (Hagee) does not, yet its therapeutic properties are just as potent as the plain oil when the latter is tolerated. **Cord. Ext. Ol. Morrhuæ Comp.** (Hagee) nourishes the tissues as does nothing else, and may be relied upon in grip, bronchitis, tuberculosis and all states demanding tissue reconstructions.

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Robinson's Patent Barley.

How many nurses are familiar with the advantage of "Robinson's Patent Barley"?

With this preparation it is possible to make barley water, barley gruel, and barley jelly in a very few minutes, while with other forms of barley it takes several hours to properly cook the barley.

Send to **James P. Smith & Co., 90 Hudson street**, for the book they send free, giving full directions how to prepare many dishes with **Robinson's Patent Barley**.

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Conjunctivitis.

Conjunctivitis, one of the commonest eye diseases, yields very nicely to **Glyco-Thymoline** treatment. It will also be found most advantageous in cases of corneal ulcer, lachrymal abscess and occlusion, granular lids, stye, pink eye, ophthalmia and general catarrhal inflammations. As a prophylactic measure in cases of measles and other infectious diseases it has exceptional merit. **Glyco-Thymoline** for the eye should be used in a strength of one part of **Glyco-Thymoline** to from three to six parts of warm water, and applied by means of a **Glyco-Thymoline** eye bath or soft cotton compress.

+

Grape-Nuts.

Grape-Nuts, made of whole wheat and barley, is so easily absorbed by one's weakened system that it is in great demand in hospitals, training schools and families where there are invalids or convalescents. The starch in the cereals from which it is made is largely con-

verted into dextrin and dextrose, so that it is quickly absorbed and begins at once to rebuild waste tissue. Its agreeable nutty flavor and crispness serves as a natural stimulant to the sluggish or perverted appetite. **Grape-Nuts** may be safely given to any one, no matter how weak or emaciated. It begins promptly to build up tissue and strength.

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Non-Irritating.

The **Norwich Pharmacal Company's** formula of **Unguentine** contains carbolio acid, 2 per cent.; ichthyol, 5 per cent.; alum, 15 to 16 per cent. By a process of their own they eliminate most of the astringent properties of alum, thus rendering it non-irritating. The base of **Unguentine** is pure petrolatum. There is probably no known drug of greater utility in the treatment of putrescent open sores than alum. What heretofore restricted its usefulness—its irritative properties—has now been removed, and we have in **Unguentine** the best surgical dressing yet offered the profession.

Ed. B. JACKSON, M. D.

Houston, Texas.

+

Dole's Hawaiian Pineapple Juice.

"Gentlemen: Coming over on the steamer from the Islands, I was interested in trying the efficacy of **Pineapple Juice** in case of sea sickness, and with very gratifying results. One lady in particular declaring before she left the vessel that she believed her continued presence at meals was due largely to the **Pineapple Juice** that I prescribed to her from the first day she left Honolulu. The weather was not rough, on the whole, as it seldom is between the Islands and the Coast, but the first day out we did have some pretty heavy swells, and it was just the kind of weather to send a woman down to the cabin for keeps. I had long thought that **Pineapple Juice** should be good for sea sickness, because it has that clean acid that the lemon has, and also the advantages of the digestive property of the pineapple, which in itself should take care of any trouble of the stomach.

"The digestive properties of the juice, added to its handiness and excellent effects in all throat troubles, ought to make **Dole's Pure Pineapple Juice** very popular; especially in the Fall and Winter seasons.

"With cordial regards, I am, yours very truly,
M. D."

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For the Nursery and Sick-Room

BORAX is one of the mildest antiseptics known; in fact it is comparatively the only one known that is wholly safe to use in the sick room. Therefore, it can be used in the place of more powerful antiseptics, which are frequently the cause of poisoning a patient.

Borax can be used indiscriminately in the sick room for softening water with which to bathe the patient, and for thoroughly cleansing bed linen, soiled garments and utensils.

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20 Mule Team Borax, Boric Acid and Spangles are all packed in convenient cartons for the nurse to handle. The 20 Mule Team Brand is always a guarantee of purity.

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So says a user of the Acousticon who has been extremely hard of hearing for years, and his experience is the same as that of thousands who are now using it—to them we have said as we now say to you: "Test the Acousticon and let us prove that it will make you hear distinctly and clearly, and

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If you are not convenient to one of our many offices, we will lend you an Acousticon, and if you do not hear satisfactorily the trial will cost you nothing. No trial fee, no penalty, if you do not hear.

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Convalescence.

Physicians in general are fast commencing to realize that drugs have no place in the successful treatment of the convalescent. The reason for this is that at the beginning of convalescence the patient's vitality is extremely low, and must be restored to its natural state by something that will produce rich, red blood—a thing that cannot, as every physician now knows, be accomplished by drugs.

Pabst Extract, the "best" tonic, meets the case perfectly. The quieting, sleep-producing effects of pure lupulin of hops—easily assimilated by the weakest system—is supplemented by the strengthening, appetite-giving barley malt contained in it.

On this account modern practitioners, with little exception, look upon this extract as the ideal invigorant and restorer for the convalescent, from the very crisis to the attainment of perfect health. +

Two Good Ones.

In the treatment of throat and lung affections one remedy of the *materia medica* stands out more prominently than all others. Codeine has the marked peculiarity of controlling coughs and relieving the irritated and inflamed lining of the respiratory tract without arresting secretion. Here it shows its value over morphine. It is not followed by constipation, creates no habit, nor is the mucous membrane of the throat and bronchial tubes made dry. There is another remedy which must occur to the mind of every well-posted physician as especially applicable to these conditions. The power of antikamnia to reduce fever, and thus control inflammation, makes it one of the best preventive and curative agents. The combination of two such clearly defined remedies for respiratory affections is most fortunate. They are prepared in the form of "Antikamnia and Codeine Tablets."



The Smith Solitaire Board.

The Smith Solitaire Board was advertised for the first time in the October number of *THE TRAINED NURSE* and one other nursing journal.

Results have been most satisfactory and we receive daily words of commendation for this most useful device.

Certain improvements have been made in the board which we think will commend it still further.

We would mention in particular that it is now made in two pieces—can be taken apart, packed in a box which comes with it, and may be sent with ease and safety through the mails at little expense.

It will make an ideal Christmas or New Year's present, and orders should be sent in as early as possible. (See advertisement.)



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Not infrequently dyspepsia is a precursor of tuberculosis. Whether there is any real connection between the two diseases is not certain; but that malnutrition, the accompaniment of dyspepsia, is a potent factor in the production of tuberculosis there is no doubt. Consumption attacks first those who are ill-nourished; and even the last stages of the disease are combated not by drugs, but by an abundant dietary. In the treatment of all consumptives the ends sought are the re-establishment of normal metabolism and the production of normal red blood. Bovine produces these effects, and we recommend it for that reason. Further information may be obtained by addressing The Bovine Company, 75 West Houston street, New York.



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About 1890 Chr. Hansen's Laboratory brought Junket Tablets on the market, in which the rennet ferment was offered absolutely pure, in a definite quantity of known strength. The foundation for Junket as a general food was thereby laid, and a few years later the literature of domestic economy was enriched by a number of new recipes for Junket, carefully formulated and tested by such well-known authorities as Sarah Tyson Rorer, Janet McKenzie Hill, Mary J. Lincoln and Cornelia C. Bedford, while thirty or more recipes, collected, prepared and tested by Miss Emma H. Crane for the laboratory, are still in general use.



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Cresco Flour can be relied upon to accomplish all results which we have claimed for our Gluten Flour, and which have made that product the standard of purity and sanitary value in its particular field. What we here claim for Cresco Flour is equally applicable to our pure wheat breakfast and dessert cereal.



Eskay's Food can be made to agree with *any* Baby

The mother of these sturdy youngsters, Mrs. A. P. Stark, wife of Dr. Stark, 36th and North Avenue, Milwaukee, Wis., found Eskay's to be the only food, of many tried, that agreed with *all* of them. She is strong in her praise of the wonders it worked with her little ones.

The proper food for baby is every mother's first concern. If he cannot be nursed, fresh cow's milk should be resorted to, but not cow's milk alone—it's too indigestible for baby's delicate stomach. Modified with

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however, it becomes the nearest-known approach to mother's milk science has discovered.

Baby takes to Eskay's with relish and his steady gain and happy, healthy, rosy-checked little self will be a constant delight to his fond parents.

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The Publisher's Desk

The Trained Nurse and Hospital Review

A monthly Magazine Devoted to Trained Nursing in Private Practice and in the Hospitals of the Country

Editor

ANNETTE SUMNER ROSE

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has no free circulation. Its price is \$2.00 a year, and it is worth it. It is published in the interest of the profession, screens no swindlers, puffs no humbugs, and does not take half its space to tell how good the other half is.

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COMPLAINTS for non-receipt of copies or requests for extra numbers must be received on or before the 10th of the month of publication; otherwise the supply is apt to be exhausted.

TO CONTRIBUTORS.—We pay liberally for all Original Articles.

Exclusive publication must be insured to all contributions offered to the Editors. Rejected manuscripts will be returned if stamps be sent for this purpose.

Exclusive publication not required for contributions to Nursing World Department.

Illustrations for articles are particularly solicited. All expense for drawings, plates, etc., will be borne by the publishers.

No responsibility is accepted by the Editors or publishers for the opinions of contributors, nor are they responsible for any other than editorial statements.

Books and monographs will be reviewed promptly. Short, practical notes upon personal experiences or brief reports of interesting cases, with results from remedies, new or old, will be welcomed.

The Editors and printers will greatly appreciate the courtesy of having all manuscript typewritten; or, if this is impossible, clearly written, great attention being given to proper names and medical terms.

Important Notice.

We ask the kind indulgence of our readers and advertisers for any imperfections or deficiencies in this number. The sudden death of Mr. Frank G. Rose deprived the magazine of both general manager and editor at the most critical time of its make-up, and the work had to be undertaken by those utterly unfamiliar with it. Very truly yours,

LAKESIDE PUBLISHING CO.

+

Pleasure, Not a Duty.

We simply hate to talk about duty to nurses, for if there is any one class of people more than another who have duty dinned in their ears dismally and eternally, trained nurses are that class.

And yet we would like to talk about duty, in this case a duty which is a positive pleasure.

If you are not looking over the advertising section of every number of **THE TRAINED NURSE** you are really missing something. Those with a real appreciation of the future of nursing know you are missing a lot. Would you like to nurse without a clinical thermometer or a hypodermic syringe? Well, there was a time when there were no clinical thermometers or hypodermic syringes, and when they first began to come in the majority of people did not believe in them any more than they believed in anesthetics at first or antiseptics. But the world is not going to stand still, and these things have made a place for themselves just as some of the new things advertised in this issue of **THE TRAINED NURSE** are going to make a place for themselves, so that in a few years they will become indispensable. Do not be the last to get acquainted with something which in a couple of years will become an absolute necessity in scientific nursing.

Therefore, read the advertisements in this issue, send for the samples and literature so generously offered, get up-to-date, in fact, be just a little bit ahead of the majority.

DESPITE the fact that the therapeutic value of Ergoapiol (Smith) is so decisively established that it is now the most extensively employed agent of its class, it is worthy of mention that the superiority of the product is due to the special form of its chief constituent, apiol, and the excellent quality of its other components.

THE apiol employed in the production of Ergoapiol (Smith) differs radically from the various commercial apiols, in that it is decidedly more potent as a utero-ovarian stimulant, yet does not produce any objectionable by-effects. This apiol, which is used exclusively as an ingredient of Ergoapiol (Smith), and is not procurable in any other form, is manufactured by a process of our own invention, whereby the drug is obtained in a true state.

IT is because of the special form of its principal constituent and the excellent quality of its other ingredients that Ergoapiol (Smith) affords results which cannot be obtained from mixtures of "commercial specimens" of its components; hence it is important that the practitioner guard himself against substitution when prescribing the preparation.



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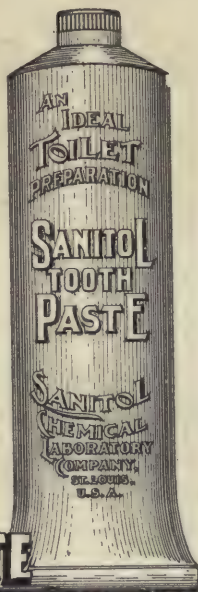
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